MEDICAL MISSIONS

WALTER R. LAMBUTH

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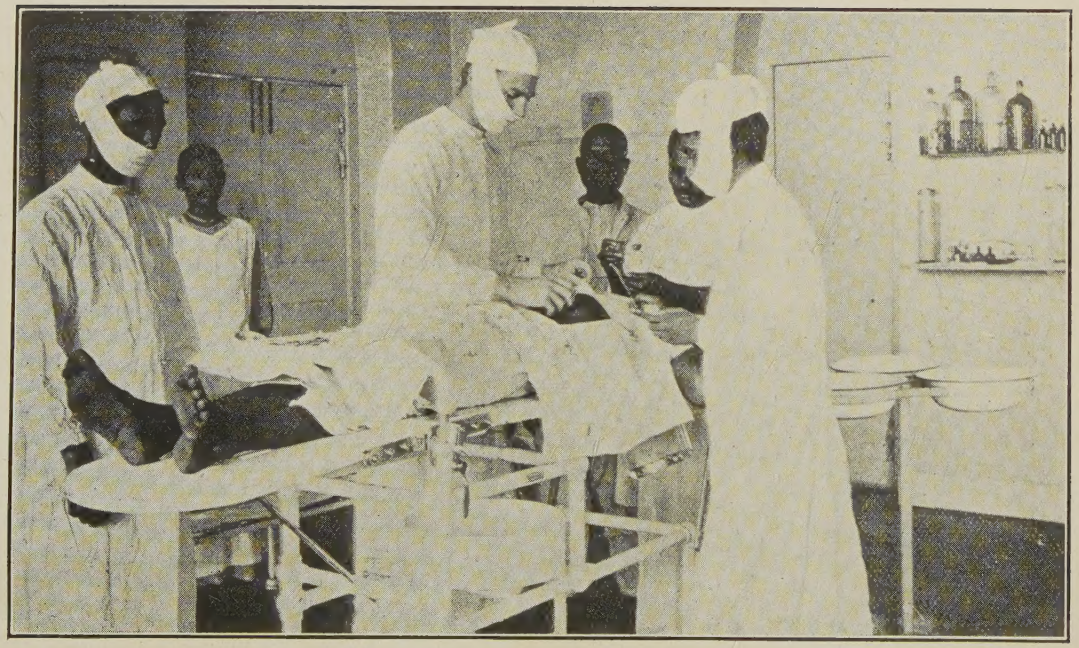
MEDICAL MISSIONS: THE TWOFOLD TASK



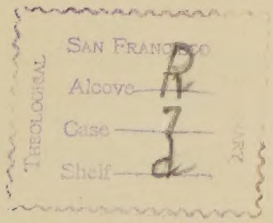
Operating Room in Presbyterian Hospital, Miraj, India. Dr. Vail Operating — See page 128

MEDICAL MISSIONS: THE TWOFOLD TASK

BY

WALTER R. LAMBUTH, M. D., F. R. G. S.

FOURTEEN YEARS MISSIONARY TO CHINA AND JAPAN
EIGHTEEN YEARS MISSIONARY SECRETARY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To
Mr. and Mrs. William C. Ivey
Whose
Interest, Gifts, and Intercession
Have Promoted
The Cause of Missions in Many Lands
and
To the Heroic Medical Missionaries
Who Have Devoted
Their Lives
To the Twofold Task

PREFACE

The endeavor in this book has been to place the medical missionary and his work on the high level where he belongs. His is no mere profession—it is a vocation. He goes to the ends of the earth to relieve suffering, to raise the standards of health, to restore shrunken capacity, to increase the producing power of man, to bridge the chasm between the religious and the secular, and to teach that while at the present there is "no field of knowledge which has not been invaded by the scientific spirit", in the future there shall be no field of need which shall not be cultivated by a sympathetic ministry to the body and the soul of man.

The book has been written under the constant pressure of administrative duties. The writer feels much diffidence in sending it out, but it has been a labor of love. It goes on its mission with an earnest prayer that it may be used of God to convince many young men and women of the need, the opportunity and the joy open to a life lived out in the presence and by the power of the Great Physician who came to seek and to save the lost.

W. R. L.

INTRODUCTION

by

WILLIAM H. WELCH, M. D., LL. D.

The request to write a few introductory words to Bishop Lambuth's book on "Medical Missions" affords me a welcome opportunity to express appreciation of the great and much-needed service which he has rendered by presenting in the following pages so fully and clearly and in so interesting a manner the needs, the aims and the results of medical missions and the qualifications to be desired in the medical missionary. I am glad also to bear my personal testimony, based upon observations made in China in 1915, to the vast importance of the work of the medical missionary. This work has demonstrated not only its power to further most effectively the ultimate end of all Christian missionary effort, but also its influence in leading the people into the paths of Western education, science and civilization and thereby promoting the advancement and the welfare of the countries where the missionary works.

No intelligent and sympathetic observer who has had opportunity to come into close personal contact with medical missionaries in their fields of work can fail to be stirred by the spirit and character of these devoted men and women and to be impressed with the development through the demands of their professional and missionary work of the finest traits of heart and mind, with the large service which they are rendering to their fellow-men and with their joy in this service.

I desire to endorse most emphatically Bishop Lambuth's earnest plea for better equipment of medical missions and for the best and most thorough professional training, in addition to other qualifications which he describes, of those who enter the medical missionary field. "It were better," he says, "to reduce the number of medical missionaries and hospitals, much as they are needed, than to discount the science of medicine and lower the standards of efficiency . . . the highest standards must be maintained, and honest, thorough-going methods characterize the work in every department. To do less, is to write ultimate failure across the face of the enterprise."

The need of providing better opportunities for medical education in their own land for native young men and women is also urged with great force by the author of this useful work, for, as he says, "ultimately the physical and spiritual redemption of every mission land will rest with her own sons and daughters, rather than with foreigners; and in these years of upheaval and rapid change in the nations of the East no more alluring invitation comes to the Christian West than that of calling out and training large numbers of gifted, devoted young men and women who will be the leaders of the Christian Church in those lands. A special encouragment along this line comes to medical work."

Especially interesting is the author's presentation of the "The Challenge of the Various Fields" for medical missions. In speaking of China he says that this country "is a challenge to the largest investment of faith and life. She is a giant in bulk, but no less great in masterful qualities which make for constitutional and racial perpetuity. Though hoary with age, she is no spent force."

Bishop Lambuth has made a most valuable and

timely contribution to the literature of medical missions and thereby earned the gratitude of all who are interested in this important subject,—and it may be confidently predicted that the number of those actively interested will be largely increased by the publication of this work.

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THE NEED

"Our hope is that to not a few, the vision of opportunity will become the call to service."

Dr. R. Fletcher Moorshead.

"Pray ye the Lord of the harvest to send forth laborers . . . the fields are white unto the harvest."

MEDICAL MISSIONS: THE TWOFOLD TASK

I

THE NEED

A low caravansary lies before us in a rude village of Asia minor. In the dim light of a sputtering candle two figures are silhouetted bending over a third. The first is Dr. Henry S. West, of Yale, missionary of the American Board, passing through the village after a hard day's journey on horseback; the second, a frightened servant ready to faint at the sight of blood; the third, a poor stranger, in the same inn, exhausted and ready to die from the anguish of a strangulated hernia.

Was there any hesitation? The light was miserably poor, the assistant was incompetent, no anesthetic was at hand and there was every chance of sepsis developing. The doctor could not speak the language — it was his first year — and if the patient died who could explain the odds to the dark visaged, scowling Turks standing back there in the shadow? But West had come under Divine orders. Moreover, he was a Yale man and Yale sees it through. And, finally, was not this a fellow-creature suffering unto death? There was no hesitation. An incision, a swift dissection, a release of the strangulated viscus, a compress wrung out of hot water, a few stitches, a simple dressing, and the work was done.

Eighteen years of service followed. Nineteen young

physicians were educated under his hand. So thoroughly was the work done that after they had been examined by the medical faculty, an unfriendly government was compelled to acknowledge its indebtedness. Many difficult and hazardous journeys on horseback were made. Patients thronged his clinics from the table lands and remote mountain regions. He performed 1,400 operations on the eye, and 150 laparotomies. Large gifts and fees were often paid, though not one cent found its way to the doctor's private purse. Such a life is a convincing apologetic of Christianity, a credit to the medical profession, and an honor to one's country.

A large and distinguished company of college men and women have chosen life careers like that of Henry West, Little imagination is called for to understand the rich and strategic value of such service. It is Christian humanitarianism raised to the *nth* power. It is a phase of the world work of Christianity that is today receiving a new recognition. One cannot wonder that many of the finest Christian students in North America are seeking information in regard to the opportunity it presents for a life investment, the qualifications and training required, the facilities, the general conditions under which the work is done, the relation of this service to other branches of foreign missionary effort, and many other questions. It is the aim of this book to answer a wide range of such queries and to give a frank and intelligible presentation of medical missionary work as it is today. In this introductory chapter we shall try to estimate the need for such work.

I. Human Misery at its Depths

Medical missions is the Great Adventure into a world of desperate need. The distinct command to

the twelve, to the seventy, and to us has been "to heal the sick." It is also one of the credentials of Christianity. Ours is a missionary religion and one of mercy. It sends its messengers to the ends of the earth on errands of healing and help. Its spirit prompts them to go where the burdens are heaviest and the need is greatest. Medical missions, therefore, in its efforts in behalf of the individual, the community and the race, does its work in regions where humanity is found at its deepest depths of misery, and where the people suffer and die from sheer neglect.

Those who stand in greatest need of medical aid are found in all the non-Christian lands, but especially in tropical and sub-tropical areas. This is true of Syria, Arabia, Persia, India, Siam, Burmah, China, Korea, the islands of the Pacific and Indian Oceans, the larger part of Africa, tropical Mexico, Central America and the interior of South America. Most of these areas are subject to the ravages of such diseases as cholera, smallpox, plague, leprosy, malaria, dysentery, sleeping sickness and yellow fever. There is at the same time a disproportionate supply of qualified physicians, lack of intelligent care of the sick and an absence of means for the prevention of disease. In no section of the habitable globe are sanitation and preventive medical work more needed, and nowhere will intelligent effort bring larger and richer results.

Mrs. Isabella Bird Bishop wrote, after four years of travel and observation: "The alleviations which in Christian countries mitigate the suffering of the dying, are unknown to the heathen and they regard death as the triumph of the supposed demon. Amidst beatings of gongs, drummings, shoutings, and incantations, with their dying thirst unassuaged, and with their nostrils plugged with a mixture of aromatic herbs and clay, or with mud of sacred streams, our heathen brothers

and sisters are passing in an unending, ghastly, reproachful procession into Christless graves."

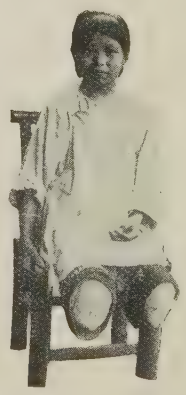
The mortality in non-Christian lands would depopulate France in a year, Germany in two years, and the United States in less than three years. While much of this is due to natural causes, we cannot forget that pain has no alleviation, sickness is in the midst of every discomfort, and death too often takes place under the most harrowing conditions.

And this is not all. We cannot forget that for all of this misery there is among non-Christian peoples a surprising lack of sympathetic concern or attempt at alleviation. After years of personal observation and contact with the natives, Joh. Warneck remarks of animistic peoples: "You may go through heathendom anywhere, in the Indian archipelago, in New Guinea, in the South Seas, and in Africa, and you will nowhere find humanity, mercy, kindness and love."

Take one example from the writer's observation. Heathenism along the stretches of the Aruwimi, which empties into the Congo at its great bend northwestward, is dark, despairing and degraded beyond description. I found the sick neglected, the weak oppressed, the unfortunate ridiculed, and the aged looked upon as an intolerable burden. In the depths of those almost impenetrable forests the old people are put to death when they become helpless, partly to save them from the cruel bite of the driver ants, which may come in the absence of the men who are on the hunt for game and of the women who are tilling the fields, and partly to relieve the living of their care.

The lack of vigor and vitality upon the part of native peoples who live within the tropics is not altogether accounted for by climate. They suffer from diseases, unrelieved by medical or surgical help, which reduce

Elephantiasis
Neglected Tumor



Group of Lepers
Double Amputation

CASES FAMILIAR TO THE MISSIONARY DOCTOR

resisting power. For the most part, they lack even an elementary knowledge of sanitation, hygiene and diet values. They are preyed upon by fear, which saps vital force even more than does physical pain. The gospel of "good cheer," called the "happy sound" by the Chinese, does not simply bring joy, but, with its hopefulness, brings increased vitality, and a stronger hold upon those forces which make for sounder health and higher life. We have come to recognize the truth that the work of the missionary physician in restoring people to good health, as a basis for sound morals and religious life, is as necessary as that of the engineer in draining swamps, building sewers, surveying roads, constructing bridges, and furnishing many other material essentials of modern civilization.

II. The Diseases of the Non-Christian World

Some of the diseases peculiar to mission fields are cholera in China, India, and Arabia, which carries off hundreds of thousands; beriberi in Japan, China, and on the upper Amazon; sleeping sickness, which in Central Africa and in Uganda has decimated the population; hemorrhagic and other deadly fevers along the tributaries of the Congo, Niger and Zambesi; and amoebic dysentery in the alluvial valleys of the Yangtse and all the rivers mentioned. To these we may add pernicious anemia, hook-worm, ophthalmia (pterygium), diseases of the lymphatics and of the blood caused by various forms of filiaria and leprosy, which prevails in almost every country which has been named. Added to this list are indolent ulcers of the most stubborn character, tumors grown to large size and many deformities. None of these can be relieved by native doctors. They offer a wide field for study,

investigation and treatment by the physician or surgeon, and for care by the trained nurse who wishes to cooperate in relieving pain, alleviating misery and saving life. In addition to the special diseases that have been mentioned, all the ordinary diseases of our own lands are very prevalent. And it is in those very regions, moreover, that men and women are most in need of ministry to the soul, as well as to the body.

In a closer study of the fields under review, from the standpoint of a medical missionary, it will be interesting to note some of the predominating diseases in the larger areas such as China, India and Africa. It is the opinion of Dr. J. R. McDill, who has devoted years in the Orient to careful investigation, that those which predominate in China are tuberculosis, syphilis and intestinal parasites, and that these affect three-fourths of the population. He thinks that when statistics are available, malaria will also be found in this group. Intestinal parasites are probably as common in China as in India or Africa. Dr. W. H. Park found men of twenty-five with hook-worm, who had the stature and voice of boys of twelve.

The *filiaria loa,* which travels over the eyeball under the conjunctiva, is not confined to Africa. In the eye clinic of the Union Medical College Hospital, Peking, a patient produced a small bottle containing one of these worms which he had removed with a needle from his own eye two days before.

In sections of all three of the countries mentioned, malarial fevers prevail, dysentery causes great mortality, diseases of the eye are very common, typhus and typhoid fevers scourge the country and leprosy is endemic. One of the pupils of Confucius, five hundred years before Christ, was a leper. Other affections, quite common in certain districts, are enlargement of the spleen, pernicious anemia, stricture of the

oesophagus, and goitre. The writer had a singular experience in North China while travelling in a mule cart along the Great Wall. It was growing dark when he came to a small village, where, according to custom, a majority of the people were eating their supper out of doors, bowl and chopsticks in hand. Each adult person appeared to have two heads. The whole scene was so ghoulish and weird that he was inclined to doubt his own senses. Springing to the ground, he went up to one of the men, felt his head, and found he had a goitre under the chin so large and protuberant that it had given rise to the illusion.

Dr. George L. Mackay speaks of malarial fever on the island of Formosa as man's deadliest foe. It works terrible havoc among the inhabitants. Many cases under his observation succumbed during the hot season within a few hours after the attack began. The superstitious natives " suppose the disease to be caused by the patient unluckily treading on mock-money put in the street, or on the roadside by priest or sorcerer; or by a conflict between the hot and cold principles in nature; or by two devils, one belonging to the negative principle in nature fanning the patient, thus causing the chills, and the other belonging to the positive principle, blowing a furnace and producing heat and fever. But to mention the names of these devils would be to incur their displeasure, and so the people never use the name ' chills and fever,' but call it ' devils fever, beggars fever,' or some other harmless name. . . . It is not an uncommon thing in Formosa to find half the inhabitants of a town prostrated by malarial fever at once. I have seen households of twenty or thirty with not one able to do any work. In such circumstances the native preachers, living in the midst of the sufferers and knowing their life, are able, by means of foreign medicine, in the use of which they have been

trained, to do incalculable service to afflicted humanity and so to commend the gospel of their Master."[1]

Reference should be made to certain groups in non-Christian lands whose needs are especially appealing. Such a group are the helplessly insane. In some countries they enjoy special privileges as being favored of the gods and possessed of the spirit of divination. This is true of the North American Indians and of certain African tribes, but it is the exception. In China, the writer was called to attend a young Confucian scholar who in a fit of mental aberration had attempted suicide. After the gaping wound in his throat had been sewed up, the family were given instructions about his nourishment. Returning the following day, the missionary doctor was refused admittance. The patient was starved to death by his own people who, being Buddhists, would probably have cared for a cow, but were willing that a demented brother should be brought to death by slow starvation.

"The usual method of dealing with lunatics in Mosul, Mesopotamia," writes Dr. A. Hume-Griffith, "is, if they are apparently harmless, that they are allowed to wander about freely and are treated kindly, but once they develop symptoms of mania, they are treated as wild beasts, put in a dark room, and chained to the wall. But we possess a specialist in mental diseases in Mosul, belonging to an old Mohammedan family, who has a great reputation for the treatment of lunatics. In the court-yard of his house he has dug several deep wells, and beside each well is placed a large tub, having a hole in the bottom which communicates with the well. The poor madman is made to work from sunrise to sunset, drawing water from the

[1] Mackay, "From Far Formosa," pp. 312-314.

well and pouring it into the perforated tub, being told that he may leave off when he has filled the tub."[2]

The leper is perhaps the most appealing figure in the non-Christian world. At one time in the Telugu country, with a population of thirty million, there was not a place of refuge for the hundreds of lepers; the nearest point where they could be cared for was Madras, 350 miles away. The latest census in India gives the number of lepers as 135,000, a decided increase. In 1909 the Imperial Medical Department at Tokyo stated that there were 28,000 families in Japan in which the disease was known to exist. While there are no accurate returns for China it is probable that the proportionate number is as great, or nearly 200,000. Among the factors favorable to the spread of leprosy are poor food, crowding, filth, a moist climate and failure to isolate the lepers.

The treatment of the unfortunate leper is often cruel and summary. While he is tolerated in some sections, in others drastic measures have been applied. A number of years ago the mandarin of a certain district in China made a feast and invited the lepers for miles around. Attracted by such hospitality the unsuspecting victims gathered in large numbers. In the midst of the meal the building was set on fire and those who escaped the flames were shot down by soldiers on the outside. Dr. Horder of Pakhoi, South China, is responsible for the statement that an official in that section put three hundred lepers to death during his residence of two years. On the other hand, several institutions have been established by the Japanese government for the care of the most helpless victims of this disease, a fact that reflects much credit upon the progress in civilization of that country.

In Cuba, at the close of our war with Spain, I found

[2] Behind the Veil in Persia and Turkish Arabia, p. 326.

five Chinese lepers huddled together in what seemed to be an outhouse connected with a hospital near Cienfuegos. It turned out to be an abandoned oven for baking bread, on the floor of which and in the midst of ashes, the poor wretches were gathered, far from home and awaiting death. One thinks of the description of Dr. Irvin of Fusan, Korea, where in response to his appeal, an asylum was established. "In cold weather they crawl into the fireplaces after they are sufficiently cool, and the accumulation of filth does not add to their health, their comfort or their appearance. They are badly clothed, if clothed you can call it. They are truly outcasts, despised and shunned of all men."

As if the disease itself were not enough, the Chinese have fallen upon the following repugnant remedy: "An arsenical pill is prepared by placing the crude Chinese arsenious acid into the opened abdomen of a frog. After stitching the wound, the frog is enclosed in a clay ball molded tight. The ball is placed in burning red-hot charcoal, when the frog inside the ball is reduced to ash with the arsenic." The residuum is made into pills, several hundred of which must be taken as prescribed.

The blind, the deaf-mutes and all afflicted groups in non-Christian lands are in an equally pitiable condition of neglect.

III. The Lack of Native Resources for Relief

The catalogue of diseases given above is distressing enough, but the situation is rendered yet more pathetic by the appalling lack of native resources with which to deal with sickness or injury.

Ignorance of the principles and practice of surgery and the almost utter helplessness of the native practitioner in non-Christian lands, when brought face to face with emergencies, are notable. He has no

anesthetic with which to deaden pain and prevent shock, and no knowledge of checking hemorrhage by the tourniquet or by the ligation of arteries. The only thing he can do in such a case is to apply the actual cautery—red hot iron—or plaster the wound with substances which cause inflammation and even gangrene. He has no antiseptic for dressing wounds, nor is there any adequate idea of setting a fractured bone or of preparing splints with which to keep the limb immovable. Without a knowledge of anatomy, he allows the fractured ends to reunite as best they can, often resulting in a crooked or shortened limb. As to dislocations they frequently become ankylosed. Tumors continue to grow without removal, causing much suffering and ultimately death. I knew a Chinese who had so large a tumor growing from the small of his back that it had to be carried in a basket, the handle of which was fastened to a strap running over his shoulder. Where "in the field of surgery the barber is still the great practitioner," what relief can be expected, especially in those cases in which expert knowledge and skill in the use of the most scientifically devised instruments are required?

A typical instance of the ignorance of the native "doctor" is reported from China. The Chinese suffer much from indigestion, partly because of bolting their food and from mixing tea and rice, which causes fermentation. After the remedy for leprosy just mentioned one might expect almost anything for indigestion. A patient was advised by his doctor, to eat powdered millstone for this ailment, on the theory of gravel in the gizzard of a chicken being an aid to digestion. He ate sixty pounds, got no better, and gave it up. He was then advised by another wiseacre to eat cinnamon bark and finished forty pounds of that before he quit in disgust. There can be little

question concerning the patience of the Chinese and the strength of his stomach.

The uttter absence of a knowledge of nursing and of preparation of food for the sick, reduces the probability of recovery. Insomnia and nervousness cannot be overcome and lack of the comforts found in the smallest hospital in a Christian land results in the lowering of vitality and the loss of life.

When to the foregoing conditions we add the vague theories concerning the causation and treatment of disease, it is not surprising that the native practitioner is at sea. He may have some knowledge of symptoms, but he has little or none in regard to scientific diagnosis, methods of prevention and means of cure. This explains the timidity which prevails in making any attempt at surgical operations. On the other hand, the use of acupuncture by the Chinese and the Koreans is an exemplification of the old adage, "Fools rush in where angels fear to tread." This sometimes results fatally, or is followed by infection and aggravated suffering through the insertion of long iron needles into the joints, the abdomen and other vulnerable parts of the body. Finally, there is the lack of means for combatting disease on account of ignorance of pathological processes. Native practitioners are devoid of any equipment for studying bacteriology and indeed of any ideas on the subject.

The Oriental system of medicine, if one may call it a system, is based upon a philosophy which is more antiquated than practical. According to the ideas of the Chinese medical faculty, "a dual system of heat and cold pervades the human frame, and when one of these constituents is in excess, illness supervenes. The heart is the husband and the lungs are the wife, and if these two main organs cannot be brought to act in harmony evil at once arises." Dr. Mackay in writing

Manikin Used by Chinese Doctors of the Old School. Needles Show Where Punctures Would Not Be Fatal

from Formosa, indicates that the heart and liver are supposed to produce the different states of the pulse, and that it is believed by the native physicians that "the heart has seven openings through which wind and an evil principle enter, causing these changes in the pulse. Diseases differ according to the seasons of the year. Those of the spring are supposed to be caused by the liver, those of the summer by the heart, those of the autumn by the lungs, and those of the winter by the kidneys."

How can the health of non-Christian lands be improved through practitioners possessed of such theories? They are credulous, because the very absence of faith opens the way to believe in anything, however absurd. They are childish in their thinking and fail to recognize the sequence of cause and effect. Their fear of evil spirits, rooted as it is in animism, results in mental paralysis and fatalism. Their perversion of the truth comes from ignorance and from the very inversion of the order of nature, with the consequence that all that is marvelous is magnified, and all that is real is minified.

Upon the other hand, after all that has been said about the crude notions and practice of those living under a different order of civilization from our own, one must have a respect for a people who began their medical studies in remote antiquity. "The Chinese began 2700 years B. C.," writes Dr. I. T. Headland, "to experiment with herbs in the treatment of disease, and have discovered and used for centuries, many of the common physics, astringents and other household remedies which our mothers and grandmothers used. Chinese medicine is still what our medicine would be without medical colleges or systematic instruction."

Their failure to be abreast of the times is not due so much to a lack of intelligence as to the effect of

their system of philosophy, the nature of their religious belief, and to the absence of the liberalizing influence of Christianity. Had Bacon, Harvey, and their methods of reasoning and experimentation been known in China the results might have been very different. As it is, it is recorded of Wha-to, a Chinese surgeon who lived about the twelfth century, that he was a bold and successful practitioner. His works were burned and he was put to death because he proposed to relieve the Emperor by performing the operation of trephining the cranium.

Dr. Headland remarks in "China's New Day": "We found many works on all phases of medical practice, from the eye, ear, nose, throat, and teeth, to the treatment of infantile maladies, as well as the diseases of camels, oxen and buffaloes. Some of these works are veritable encyclopedias. One, prepared by a prince about five hundred years ago, is in 168 books, has 1,960 discourses on 2,175 different subjects, with 778 rules, 231 diagrams, and 21,739 prescriptions." And Dr. Headland adds: "Prescriptions enough to cure all the ills of life; but when a Chinese has a headache he pastes turnip skins on the temples to bring the ache out. When he has a sore throat he pinches it up and down the two sides and the center until it is black and blue, in order that by counter irritation he may cure the pain within. He still has a sore throat—but it is on the outside."[1]

The world cannot be too grateful for the discovery and practical application of drugs for the prevention and relief of pain in surgery. While chloroform as a chemical substance was known on both sides of the Atlantic, it was experimented upon and used for the first time as an anesthetic by Sir James W. Simpson,

[1] Isaac Headland, "China's New Day," p. 181.

who is styled the "father of anesthetics," and who came near to losing his life while making tests in the laboratory which he had fitted up in his own residence in Edinburgh. Charles Darwin attended two severe operations in the same city, one of them upon a child, and suddenly disappeared. "Nor did I ever attend again," he writes, "for hardly any inducement would have been strong enough to make me do so; this being long before the blessed day of chloroform. The two cases fairly haunted me for many a long year."[2]

But there were forerunners of Simpson long before his day. The Egyptian physicians had a method of benumbing their patients before operations. They probably used a preparation of Indian hemp. It is more than likely that such a preparation was given Ulysses of Homeric fame to assuage his grief. In Chinese annals there is a record of a doctor in the third century, who produced anesthesia in his patients with *ma-yo,* probably the same drug. A Chinese doctor came to our Soochow hospital one day for the removal of a tumor, the size of a small cabbage, growing from the breast. He anxiously inquired if I had anything with which to relieve pain, and remarked that he could tell me of a local anesthetic which he had used with some success. We gave him ether, but after the operation and recovery, he sent for the ingredients which consisted of an amber colored cake of "frogs-eye-juice," said to be made from the inspissated juice of hundreds of eyes taken from frogs. This was dissolved in a quart of water with several white excrescenses taken from the root of a certain tree. The index finger held for five minutes in the solution became so numb that it could be pierced with a needle without pain. It was probably a secretion from the

[2] Victor Robinson, "Pathfinders in Medicine."

frog itself for the purpose of benumbing insects which it captures for food, but it was none the less remarkable that the Chinese should have hit upon it. The demonstration was impressive, but I concluded that cocaine, which had just been discovered, was more convenient and decidedly more cleanly.

Before turning from our consideration of the absence of native resources for dealing with sickness and pain a word should be said with regard to dentistry. This branch of medical science is desperately needed throughout the areas under review. In all tropical Africa, for example, dentistry is absolutely unknown. While the African has the reputation of having excellent teeth because of their apparent whiteness, the idea is due mainly to the contrast with the ebony hue of the skin. The fact is they suffer much from toothache, and other consequences of carious teeth. Our first patient at Wembo Niama, the morning after our arrival, was the wife of the chief who had been in agony for days from an exposed nerve. She was far more sensible than her Chinese sister whom I found with an aching tooth during a visit to the walled city of Kading. The husband of this Chinese woman asked if I could do anything for her. A left molar was so far gone that it needed to be extracted. Catching sight of the forceps, she declared that such an instrument of torture should never enter her mouth, and putting both hands over her face she ran out into the back yard. I returned two weeks later and asked my friend about his wife. He replied, with a twinkle in his eye, that she claimed to be well. She was embarrassed when I asked what the hole in her cheek meant. He explained. After I had gone, a quack doctor from the street was called in, examined her tooth, and gravely informed her there was a worm in it. The wriggling of the worm had caused

the pain. She submitted to his thrusting a long iron needle, the size of a hat pin, through her cheek, and having it driven into the root of the tooth. He then placed a bit of cotton saturated with oil on the end of the needle, and set it on fire. The red hot needle killed the worm, for it had not wriggled for a week. Native art in that case was counted superior to foreign dentistry.

Dr. G. L. McKay, who spent so many years in Formosa, was not a dentist, but finding much acute suffering from neglected teeth it was his invariable custom to take his dental instruments with him when he itinerated. He would not infrequently arrive in a village with Bible in one hand and forceps in the other. Having lined up the patients who sought relief, for they had come to have great confidence in his skill, he and his native assistants would extract the teeth to the number of forty or fifty and then invite the dental congregation to hear the gospel. This they did to his eminent satisfaction since their attention was now diverted from the forceps to the Book.

It is not for the natives alone that the dental missionary is needed on the field. His services are much in demand by the missionaries themselves who are remote from the coast. More than one missionary has been obliged to return home because of decayed teeth or abscesses which have led to rheumatism, indigestion, nervous troubles and auto-intoxication.

IV. Fields Unoccupied by Medical Missions

Commission one of the Edinburgh World Missionary Conference, 1910, reported that there were vast populations totaling 122,000,000 in the lands which have not yet been entered by Christian missions and other populations — not computed, but vastly greater — which are in those areas of "occupied fields"

which have not been pioneered by the Christian missionary and for whose occupation no present missionary plans have provided. For all those suffering multitudes there is naturally no medical relief. Into some of the countries the evangelistic missionary might find it difficult to enter and in most of them he would find himself confronted by suspicion and opposition. But what a challenge they offer to the doctor to break open the doors of access for the Christian message! Moreover, many sections of non-Christian lands that are regarded as occupied by Christian missions are unoccupied from the standpoint of medical missions.

Let us look at a few of the most neglected fields. Mongolia, as described by Dr. G. H. Bonfield, is six times the size of Germany, with a population of 5,000,000, both ignorant and degraded. There are only ten missionaries in all that field. To the east lies Manchuria, and to the west Chinese Turkestan and Sungaria, while Siberia extends for 2,000 miles along its northern frontier. It was from this portion of Asia, over 1,000,000 square miles in area, that Kublai Khan, the greatest general of his age, extended his conquests until China was brought under the Mongol Dynasty, A. D. 1280-1368. His successors "held sway over a vast and populous empire, embracing many races and tongues, and stretching from the Pacific Ocean westward to Poland and Hungary, and from Siberia southward to the Indian Ocean.

There is raw stuff in this race out of which strong men are made, but Lamaism has ruined the people, degraded womanhood, poisoned family life, and fastened upon them an unscrupulous priesthood. The number of Lamas is said to be over sixty per cent of the male population. While under vows of celibacy they make no pretense of chastity. Their power must be broken

or the nation is lost. The country is an open field for the medical missionary, not one being found in the whole of outer, or eastern Mongolia, though the country is accessible. As to China proper, it is said that all the doctors in Great Britain and Ireland, including the military, could be used in the one province of Szechwan, so vast is the area and so dense the population.

The need of medical missionaries in Armenia and in the great stretch of territory through Mesopotamia, and beyond, is more acute today than it was four years ago. Doctors and nurses have died of exhaustion, dysentery and typhus and even by violence. In referring to this need, especially in Armenia, Dr. Clarence D. Ussher, whose wife succumbed, and who came near to losing his own life, writes: "When my hospital was built it was the only civil hospital in a district as large as the whole of New England, New York, Pennsylvania and New Jersey combined. It is now in ruins, and four times that area is without a civil hospital or an American physician. Most of the Armenian and many of the Turkish physicians have died. There ought to be at least one American physician and hospital every two hundred miles, and one at large who could visit the district and send needy cases to the hospital. Every physician in charge of a hospital should have an associate for counsel and assistance." With the new conditions that prevail since the close of the Great War, there is every prospect of enlarged and wide open fields in Mesopotamia, Armenia, Syria, and Arabia.

Persia has an area equal to that of France, Spain and Italy, with half of Austria-Hungary added, and yet there are not more than twenty-five medical missionaries representing both American and British Societies. Twenty-five doctors for a population of nine

and a half millions! The absence of hospitals or asylums for the insane, leaves in a helpless condition the poor unfortunates who are mentally diseased. Happy are they if they escape being chained, thrown into stocks, or beaten, upon the theory that the evil spirit must be driven out. It was for this field that Dr. Asahel Grant and his wife sailed from Boston in 1833. They penetrated the mountain fastnesses held by the warlike Kurds, had no cover save a tent, and at night fortified themselves with boxes and bales. This devoted couple wrought, endured, and laid foundations upon which other heroic workers have built, but all too few for so great a field.

Turning to Africa, let us glance at Northern Nigeria, an unoccupied medical mission field. Udi, in the upper Niger region, famous for its outlying coal fields, stands on a plateau some 1,200 feet above sea level with a wonderful view of the surrounding country, and is in the center of a great population. "It was a most heart stirring experience," Bishop Tugwell writes, "to stand upon the brow of a cliff and look upon the vast expanse of country, thickly populated, and to realize that throughout that region not a ray of light has as yet penetrated the darkness which for centuries has brooded over the land. I was constrained to cable to the Church Missionary Society, 'Immediate expansion, Udi urgent.'" This field of The Niger mission having a population of 3,000,000 largely unevangelized, is everywhere open. The missionaries have the ear of the people. The results have been speedy and substantial. But a dark cloud threatenens from the north. It is the Mohammedan advance. "The unique opportunity so evidently given us by God," says Archdeacon Dennis, "should be bought up without delay. *For it is passing, and delay is perilous.*"

Dr. Karl Kumm, Secretary of the Sudan United Mission, reinforces this statement by adding that with the execption of a government doctor at Udi, no physician is to be found in all northern Nigeria south of the Denue. Straight across the continent, along that zone of three thousand miles with its scores of strong and independent tribes, there are no missionaries of any kind. Coming further south, there is a tragic absence of medical missionaries in French Equatorial Africa, where there are millions of unreached people; in British and German East Africa, with hundreds of tribes untouched, and even in the Belgian Congo, the force is pitifully meager, when its fifteen millions are taken into account. In the territory northwest of Lake Albert a vast region is almost wholly unevangelized. The Africa Inland Mission has established eight stations here, but they are scarcely in supporting distance of each other, and the medical missionary is notable for his absence.

Little comment has been made upon India and its need, because of the admirable administration of the British government, the existence of the Lady Dufferin System of Hospitals, and the comparatively large number of medical missionaries, men and women, at work in that field. But despite all these factors, we have a frightful mortality among children, a constant recurrence of plague and outbreaks of Asiatic cholera, and a large percentage of the population absolutely unreached by medical aid. This is especially true of the forty million women who are "behind the purdah," and inmates of the zenanas. Isolation and ignorance, immorality and disease have worked terrible havoc. Only seven in every thousand women in India can read and write. In commenting upon the situation, Rudyard Kipling says, "You cannot gather figs from thistles, and so long as the system of infant marriage,

the prohibition of the re-marriage of widows, the life-long imprisonment of wives in a worse than penal confinement, and the withholding from them of any kind of education as rational beings continues, the country cannot advance a step. The foundations of life are rotten, utterly rotten, and beastly rotten. The men talk of their rights and privileges. I have seen the women that bear these men. May God forgive the men."

It is the cheapening of human life that we see, and the degradation of womanhood, upon whose elevation and purity the welfare of the country depends. It is life "spent in grinding poverty and bitter toil," until the burden of maintaining life becomes too great and disease or death supervenes. These conditions lead to the loss of all recuperative power and when epidemic stalks over the land, the power of resistence is gone. Mr. S. K. Datta is quoted by Sherwood Eddy as saying of his own country, "Villages are blotted out by famine and pestilence and yet the people do not pause to inquire whether such a tragedy is preventable. In the plague areas, when the disease is at its height, some may attempt to escape, but the bulk of the population quietly awaits its doom. The villagers look into the faces of their companions and wonder which of them will be next struck down. There are thousands of children to whom the opportunity of life is never given; hundreds of women who perish prematurely, worn out with their toil, whom early marriage, neglect, and unhygienic surroundings have killed. Not one of us who believes in the eternal value of the individual soul can view with unconcern this wastage of human life."

V. A Typical Field for Medical Missions

We may take Central Africa as a typical field in its need for medical missions. Sharing in general all

Inoculation Against Bubonic Plague in India

the need that has been mentioned in this chapter, there are three great havoc-working factors operating in this area, and it is difficult to determine which of the three is the most destructive — the witch doctor, sleeping sickness and intoxicating liquors. The witch doctor is the cause of almost infinite suffering, physical and mental. He is crafty and yet bold, secretive and yet unscrupulous. He seems in his cunning almost to be the special agent of the evil one himself. He loves darkness because his deeds are evil. Like the African spider in the jungle, he sets a snare for the unwary, and entraps those who are ignorant and credulous. He deliberately perverts the truth, discovers the weak points of his victim and preys upon their fear of evil spirits. The mukanda, or book, of the white man, is greatly reverenced by the untutored native. To him it is clothed with mystery. He thinks that to the white man it has a voice, but to him who cannot hear the voice, it is possessed of a spirit. I once found a Presbyterian hymn book suspended by a grass string from the ridge pole of a witch doctor's house. He claimed that it was his biggest medicine.

Fetishism and witchcraft, according to Dr. Nassau, who speaks with great authority after forty years on the West Coast, are responsible for the death annually of thousands of natives. There is no man in all Africa who can break the spell and overthrow the power of the *ngangabuka,* or witch doctor, more swiftly or more surely than the medical missionary who is scientific, sympathetic and spiritual.

Sleeping sickness claims its tens of thousands, where witch-craft claims its thousands. Livngstone gives an interesting description in his Journal of the tsetse fly, or *glossina morsitans.* "It is not much larger than the common house fly and is nearly of the same brown color as the honey bee. The after part of the body

has three or four yellow bars across it; the wings project beyond this part consderably, and it is remarkably alert, avoiding most dexterously all attempts to capture it with the hand at common temperatures. In the cool of the morning and evening it is less agile. . . . In this journey, though we were not aware of any great number having at any time lighted on our cattle, we lost forty-three fine oxen by its bite."

This was several years before the terrible havoc made among human beings by the *glossina palpalis.* This species has not so wide a range as the *morsitans,* being found usually in "fly belts" along the streams, and requires for its living "the presence of open water, a wooded district, and a loose soil." It is remarkable for its cunning ways. It attacks in short, sharp curves and seeks an exposed part, plunging its lance-like proboscis into the skin. Its bite is less irritating than that of the mosquito, but may be deadly to the victim if it happens to be the host of the trypanosome, which is transmitted through the blood and may finally reach the fluid in the canal around the spinal cord. Sir Patrick Manson states that while the tsetse fly is not commonly found in the veldt, and at an elevation of 3,000 feet, it has spread down the west coast from Senegambia and has traveled up the water courses of the Congo basin and over the lake region of Uganda, where it has been introduced in recent years. "Death is believed to be inevitable," he remarks, "after the stage of sleeping sickness. . . . The population of the implicated districts of Uganda, originally about 300,000, has been reduced in six years to 100,000 by sleeping sickness."[1]

The importation of alcoholic spirits into Africa, if it has not resulted in a greater mortality than witch-

[1] Sir Patrick Manson, "Tropical Diseases," p. 163.

craft or the bite of the tsetse fly, is more demoralizing than the first and more deadly than the second when one considers the range of its pernicious influence in the moral as well as the physical nature. Wherever absinthe and rum have gone they have literally destroyed the people soul and body. I paced the deck of a Belgian steamer one day with a French Governor who was returning from Dakar where the Governor General of the French colonies, on the west coast, had called a meeting of administrators. The principal subject under discussion was the evil influence of intoxicating liquors upon the native African, and it was resolved that there should be a stop put to the use of absinthe, a thing which had been done by the Belgian officials several years before. When it came to rum, my friend, the Governor, shrugged his shoulders and said, "What can we do as long as you Americans practice its importation? If we prohibit the use of spirits it will be carried into other colonies along the coast and gradually filter into ours." To convince me of the deadly effects of rum, five cents worth of which would make a native drunk, he took me to the port side of the steamer, pointed to the coast two miles away and inquired with a flash of his eye, "Do you see that village off there? Ten years ago it had 8,000 people; today there are only 600!" "Sleeping sickness?" I asked. "No," he emphatically replied, "Rum!" And then followed an awful statement of debauchery, disease and death brought about by the white man's curse.

Dr. C. H. Patton, in the "Lure of Africa," pertinently remarks, "No race is so quickly and so utterly demoralized by strong drink as the African. Self interest alone on the part of the Colonial Governments dictates that the traffic be suppressed. Yet a faltering course is followed. . . . Colonial Governors realize

the destructive effects of alcohol upon native character and health, and would gladly be rid of the traffic; but financial considerations stand in the way. In Southern Nigeria the importation of spirits has furnished fifty per cent of the revenues. Rum pays a duty of 200 per cent, and gin a duty of 300 per cent; and yet these deadly liquors are shipped into the country in almost unbelievable amounts." Then the author adds that Holland, Germany, Great Britain and the United States are the nations that sin the most in the nefarious traffic. It was reported during the year ending April, 1916, by the British Board of Trade, that 3,815,000 gallons of spirts were imported into British West Africa. During the previous year, there were shipped to the west coast of Africa from the port of Boston, 1,571,353 gallons of rum. The Doctor is correct in speaking of the evil as being one of colossal magnitude — threatening the very existence of the west coast tribes. It should have the attention of the entire missionary body, the civil administrative force, and also that of the American government, which, while passing a Constitutional Amendment in favor of prohibition, within its own borders, should take the same high ground in its treatment of the weaker and dependent races, to whom we are sending missionaries to render medical help.

The world fields and their needs lie before us. It is a vast expanse and an abysmal depth. It is a call with the cry of humanity behind it, on the one hand, and the voice of God above it, on the other. It was Ion Keith Falconer who said, "A call is a need made known and the power to meet that need." Has not our blessing of health and of the gospel made us debtors to the race? Has it not rolled a burden upon us — the burden of broken bodies among less favored peoples and the possibility of new and larger life for

them? With this comes another burden: "The burden of the proof to show that the circumstances in which God has placed you were meant by Him to keep you out of the foreign field."

THE MISSIONARY HIMSELF

THE MISSIONARY HIMSELF

"Heal the Sick."

"I have no hesitation in expressing it as my solemn conviction that, as yet, no medium of contact and of bringing the people unto the sound of the Gospel and within the influence of other means of grace can compare with the facilities afforded by Medical Missionary operations."

Dr. Peter Parker.

II

THE MISSIONARY HIMSELF

I. The Medical Missionary as Roadbreaker

We recognize him at once as a great pioneer of Christianity. Even where he is not the first Christian worker to enter a new territory it is his work that most powerfully opens doors of entrance for the Christian message. It removes prejudice, allays suspicion and interprets the true spirit of Christianity. Take the case of Dr. George E. Post, of Syria. By his integrity and skill he won the confidence of some of the most bigoted and intolerant Moslems. A Bedouin from Palmyra was shot in a blood feud. The *hakim,* or native doctor, attempted to drain the wound in his side by inserting a rag. It slipped in. The next day he inserted another with the same result. He continued this performance until a mass of rags had accumulated as big as his fist. Profuse suppuration followed, until the lungs and even the spinal column were exposed. He was cured by the missionary, who to the natives seemed to have performed a miracle. But with the modesty characteristic of all these great workers, the doctor said, "It was not a miracle of mine, only a miracle of modern science, and modern science is a miracle of Christianity."

Or take the case of the Christian lady traveler who met a company of Persians on a long journey over the desert. Some were sick and in pain. When she had relieved them by simple remedies from her medicine chest, they gratefully acknowledged, "We have no

hakim in the likeness of Jesus." And many doors of access were opened to Moslem hearts that day.

The missionaries who stand upon the fringes of great outlying empires, lion-hearted and unafraid, yet tender-souled and full of compassion — these are the men and women who are quietly but steadily winning their way to the very citadels of the non-Christian world. "As I have witnessed the relief of hitherto helpless suffering," writes Dr. W. J. Elmslie, "and seen their grateful attempts to kiss my feet, and my very shoes at the door, both of which they would literally bathe with tears — especially as I have seen the haughty Moolah stoop to kiss the boarder of the garment of the despised Christian, thanking God that I would not refuse medicine to a Moslem, and others saying that in every prayer they thanked God for my coming. . . . I have wished that more of my professional brethren might share the luxury of doing such work for Christ." Elmslie was sent to Kashmir by the Church Missionary Society to open the door to Christian effort. Twice the evangelistic missionaries had been driven out by the fanatical natives. But he secured a foothold and an entrance for the gospel into one of the "greatest strongholds of heathenism in India."

"As a traveler," wrote Mrs. Isabella Bird Bishop some years ago, "I desire to bear the very strongest testimony that can be borne to the blessings of medical missions wherever they can be carried on as they ought to be. On the western frontier of China, I should say that a single medical missionary might do more than twenty evangelical missionaries at the present time, and that there is room, I was going to say, for fifty medical missionaries in the world where there is but one now; and not only room for them, but a claim for them."

Man Cured of Blindness Leads Blind Friends to Hospital

Nowhere in the Oriental world has the medical missionary found a larger, more fruitful sphere of service than in China. He has been the dissipator of prejuduce, the roadbreaker, the foundation layer in many a city, and in many a human heart. The immeasurable need and opportunity of China has drawn to it some of the choicest spirits, men and women imbued with the spirit of the Great Physician, such as Dr. Noyes of Canton, David Grant of Chinchow, Arthur Jackson of Moukden, and Lucy Gaynor of Nanking. They had learned that the "candle of truth" is a "candlestick of mercy," and that of all forms of mercy, medical mercy is the one most needed and least likely to be abused in heathen lands.[1]

Henry M. Stanley cleared a way for a road from the Lower Congo to Stanley Pool through granite rock, matted jungle, and dense forest under an equatorial sun; and the natives of the Belgian Congo called him "Bulu Matadi," the Rockbreaker. So might the medical missionary be named.

Ignorance, selfishness, uncompromising prejudice, social customs hoary with age, religious fanaticism and racial antagonism running into hostility are barriers which in some countries have constituted adamantine walls. But they have been breached, smashed, leveled to the ground and, with the dispelling of ignorance and prejudice and the transformation of hostility into profound respect and permanent friendship, a new order of life in the midst of non-Christian surroundings has been built up.

II. His Standing

What of the professional standing of these missionary men and women who represent the leading institutions of the West? I unhesitatingly reply that they

[1] Elliott I. Osgood, "Breaking Down Chinese Walls."

are the peers of the members of the medical profession the world over. Dr. John G. Kerr, for years in charge of the Presbyterian Hospital in Canton, "stood second only to Sir William Thompson in the number of times he had operated for urinary calculus — one thousand three hundred times." The fee of many surgeons in the United States for one of these operations would have more than paid Dr. Kerr's salary for a year as a missionary, but most of this surgery was done gratuitously and if a gift was made it went toward the upkeep of the institution.

Dr. George E. Post, of New York, who became professor of surgery in the Beirut Medical College[1] in Syria, was one of the greatest surgeons in any land. Intelligent, skilled, devout, he was a tower of strength to all missionaries along the Mediterranean coast. In addition to his work in hospital and college, he wrote a number of books in the Arabic, such as a treatise on the flora of Syria, Palestine and Egypt, text-books on birds, botany, surgery, materia medica, and a Concordance of the Bible.

Dr. Mary Pierson Eddy returned to Turkey in Asia as a medical missionary in 1893, with six diplomas. The government at first refused a permit. She resolutely held on for nearly a year, succeeded, and thereby opened the door for others. In three weeks, at Baalbek, her only helper being a native Bible woman, she performed over forty operations on the eye and treated five hundred new patients. In her journeys waiting crowds surrounded her tent, exclaiming, before five in the morning, "Why, the *hakim* sleeps so late!"

It is not surprising that men and women of such ability should possess exceptional influence in the com-

[1] Dr. John R. Mott has said of this Medical College that it has practically created the medical profession in the Levant.

munities and in some cases throughout the nations to which they go. Three times the Shah of Persia urged Dr. G. W. Holmes, of Hamadan, to become his personal physician. He was invested with the insignia of the Order of the Lion and the Sun, the highest in the power of the Prince. Dr. Wm. S. Vanneman was "called on medically by almost every person of prominence, the Crown Prince, the Governor, and the nobility," but the helpless poor of Tabriz always had the preference, and the rich were often declined from lack of time. There are many missionary physicians and surgeons today in India, Africa and other lands to whose hospitals native princess and statesmen come long distances for treatment and whose personal influence is recognized near and far.

Dr. Speer in speaking of his journey through Persia says it was "one long testimony to Dr. [Joseph] Cochran's power. He was our passport and defense." The chief of a band of robbers walked in one day to see the doctor. The quiet little man looked the chief squarely in the eye and said, 'So you are the rascal who commits these outrages? I have heard of you. Your name is a stench in the country. Would it not be well to stop?' The man's face turned pale, and he soon went out very quietly."

These fearless, heroic toilers in the Near East and the Far East, in the centers of population and the waste places of the earth, men and women who are opening the door for Christianity and for a higher civilization everywhere, would be a credit to their profession in any land.

Of course their skill is rapidly developed by the very nature of their work. Whatever latent abilities are in the missionary doctor are certain to be brought forth by emergencies. He is continually being faced by the unexpected and is driven to call upon every

resource that is in him. Many a medical missionary, with no trained assistant beside him and with almost none of the facilities which if he were practising in the homeland he would regard as indispensable, has found himself sudednly called upon to attend to an emergency case. In the lives of some of them this is of almost everyday occurrence and it is an expanding element in their development.

Resourcefulness, the talent of meeting the unexpected and doing the right thing, is one of the chief qualifications required in all foreign missionary workers and in the exercise of it they become greater men and women. Often missionaries who have had no medical training whatever are called upon to render medical assistance and the degree of self-reliance and ingenuity and aptitude they exhibit in these emergencies is at times surprising. A messenger came one night to Rev. W. G. Cram, of Korea, in breathless haste, urging that he save the life of a woman stabbed in a brawl. He declined on the ground of his not being a surgeon. The messenger would not be put off, saying that if she died, other lives might be lost in retaliation. He reluctantly followed, and, upon entering the house, found the woman with a terrible slash in her right side, the intestines protruding through the gaping wound. For the moment he fell back aghast and declared his inability to do anything. Her friends urged the necessity of the case. He bethought himself of the needle and thread and clean towels his wife might provide, and a bottle of carbolic acid. Ordering water to be boiled, he went to his home, returned with these articles, soaked needle and thread in the antiseptic, disinfected his hands, wrung the towels out of hot water, washed the viscera, replaced them carefully, sewed up the wound and dressed it to the best of his ability. The woman made a good re-

Ambulance Patented by Dr. Henry W. Brine of St. Luke's Hospital, Shanghai

covery, and to his embarrassment Mr. Cram's fame traveled through all that country. With grit and gumption of that sort, that man would have made a successful medical missionary.

It is the general testimony of scientific and other travelers in mission lands that medical missionaries in general rank high and that a strikingly large proportion of them are to be classed among the élite of the profession. This high standing is due in part to the standards of talent and training by which they are selected, in part to the developing nature of their work and in part to the spirit that drives them and gives quality to all that they do.

But of missionaries as of others it is true that real greatness lies in deeds, not in words, nor in name. It is embedded in the life, in character, in purpose and in motive. It is unconscious of itself. To be sure, every man should be able to take the measure of his powers, as well as to understand his limitations. Self-respect is quite compatible with humility. But when pride of greatness comes, greatness disappears. "The most subtle device of Satan for the undoing of a man's soul is to tempt him to use opportunities of public service for the pursuit of selfish ends," says an English writer, and adds, "There is no prayer which should be oftener on the lips of a public man than a clause in the Moravian liturgy: 'From the unhappy desire of being great, Good Lord, deliver us!'" It is right to pray to be good, to be true, and to be useful to the highest point of efficiency, but men are never great when they seek to achieve greatness for its own sake. Neither do men become great by a single stroke; they grow into it by heroic mastery of themselves, and by moral and spiritual forces which work as silently but as surely as gravitation.

The outstanding figures in the history of medical

missions have been men and women of deep humility. Indeed one of the most beautiful characteristics of such medical missionaries as Post of Syria and Kerr of China, is the moderate estimate which they put upon their abilities and work. Such men have realized that, after all, it was not their own achievement, but God in His mighty power working through them. And it has been this very modesty and simplicity of faith which have commended them to those to whom they have been sent. "In judging of my own character and abilities," writes one of the most eminent, "I may say that I am only a plodder of average talents, and of plain common sense. If remarkable for anything it has been for industry and perseverance, working steadily on one line and toward one object." Dr. Harold Schofield had said of him by a friend, in referring to the wonderful success and distinction he achieved at Oxford University and elsewhere, "The humility which others have to learn by failure, he seemed to learn by success." He won distinction in almost every department of effort. Several scholarships were assigned him, covering from one to three years each and amounting in the aggregate to $7,000. These included a Greek Testament prize, one in Zoology, and another in Geology. But through it all, he remained humble, trustful and open-minded.

How unconsciously and how truly great was Dr. J. C. Hepburn! Though too timid at times to lift up his voice in public, yet he wrought himself into the life of the Japanese nation, laid the foundations for righteousness by his superb translation of the Scriptures, received a decoration at the hands of the Emperor, and enshrined himself as "the good physician" in the hearts of the common people to whom he ministered for nearly half a century. This humble missionary was, in a sense, "the father of modern medicine

in Japan." Neither he nor Dr. Bethune McCartee, also of the Presbyterian Board, who came over from Ningpo, China, and was one of the first professors of the Imperial University, realized whereunto it would all grow. They contented themselves with laying the foundations, deep and out of sight; others built the superstructure, and the world marvels at it all! Dr. John R. McDill of Chicago, surgeon for years in the Philippines, and author of "Tropical Surgery," admits that the Japanese Medical Corps at Peking during the Boxer Movement in 1900 was "superior to that of any other nation."[1] This record was due to the study of Western medicine by the Japanese, and so was indirectly a result of medical missionary work.

III. His Supreme Contribution

Men like these remind us that a great life is one that is constrained by a great love — a love that has spring in it, impulsion, and a sense of high privilege. To such a life there must always come a sense of duty, but reaching far above and beyond is the higher sense of privilege which gives vision, altitude, and a realization of a Christly mission.

It is this sense of a Christly mission that makes possible the greatest contribution of the medical missionary to the life of the people he serves. His supreme contribution is the exemplification of the spirit of Jesus Christ. And who more than the medical missionary is in a position to exemplify that spirit? However talented and highly trained a missionary

[1] From another source I quote the following: "The statistics taken from General Oku's army of 75,990 men during the Russo-Japanese War had but 187 typhoid cases. They reduced their dysentery cases from over 12,000 in the Chinese War to 6,624 in the Russian War; their cholera cases from over 7,000 to none; and their malaria fever cases from 41,734 to 1,257. This was in spite of the fact that their army in the Russian War was three times the size of that employed in the Chinese War."

may be, it is the degree in which he incarnates the loving, serviceable spirit of the Redeemer of all life that is the measure of his power.

It takes a Christly man to reveal a Christlike God. The non-Christian believes there is a God, but does not know Him — He seems too vague and far off. The Christian knows there is a God, but too often does not believe and obey Him because He seems unreal. Jesus Christ came to reveal God as Father and make Him real. The missionary, if he really incarnates the spirit of Jesus, reveals the Christ as the Great Brother of humanity who, by His life in the flesh, gives to truth a new setting and to service a new power. Even the preaching of the Gospel to the many and the few, in season and out of season, carries less emphasis with the non-Christian than the power of Christ finding expression in human personality. Dr. Robert E. Speer, in his life of Dr. Joseph Cochran, says of this splendid medical missionary to the Persians, "Every one who came into any kind of close personal relations with him, felt and recognized the stimulus of his personality and was made stronger by it. Much as he was to the people, he was more to his fellow-workers, for all that he did was of minor importance compared to what he was. For it was the Spirit of Christ that was his own inspiration; it was the love of Christ that constrained him, and made him a lover of his kind."

Is this not an illustration of the truth of the saying, "If you want to convince a man, let loose a life at him?" Talk is cheap but the logic of a life is irresistible. Thought must be followed by action, high purpose by noble deeds, renewal of ideals by a yet higher life, or all will be a miserable failure. It was the sense of duty and the ever-present consciousness of higher things that constrained the biographer of

the first medical missionary to Japan, to say of him that he was "ever seeking his life out of himself in God. . . . With the ignorant, conceited, or impetuous, instead of magisterial haughtiness, he held rather the attitude of a discerning physician of souls. . . . With Hepburn, life was 'the energy of Love.'"[1] The supreme contribution of the medical missionary is the measure of his incarnating of the love of God.

IV. His Double Errand

The glory of Christianity lies in its mission to lost men. The Great Master of us all said, "The Son of Man is come to seek and to save that which was lost." Sin drags man down to his worst. Christ would bring man up to his best. If there is no best in him, He creates desires, aspirations, ideals and loves, which change an empty life into an overflowing life, and an incomplete life into one like unto that of the Son of God.

The world's greatest need today is a ministry that will take both body and soul into the count. Christianity places a large emphasis upon the health and soundness of the body, which it holds is the temple for the abode of the Spirit of the living God. Men may not be conscious of their birthright, but they were created in the image of God, and are to be restored to a realization of Sonship. The world needs big-hearted men, courageous and high-souled, whose sympathy can overleap every boundary, whose love can lavish itself upon those for whom Christ died, however remote and however depraved — men with medicine for the body and medicine for the soul, men who are expert to prevent and repair physical loss and who can repeat with loving authority, "Though your sins

[1] W. E. Griffis, "Life of J. C. Hepburn." pp. 9, 10.

be as scarlet, they shall be as white as snow; though they be red like crimson, they shall be as wool."

The work and the worker must ever find their high type in Jesus Christ, the first Medical Missionary. "And Jesus went about in all Galilee teaching in the synagogues and preaching the Gospel of the Kingdom, and healing all manner of disease and all manner of sickness among the people."[1] His was a mission to diseased human nature as well as to the halt, the maimed, the deaf and the blind. He could restore the soul of man, and rehabilitate his body. How wonderful those words at the very opening of His ministry at Nazareth: "The Spirit of the Lord is upon me, because He hath anointed me to preach the Gospel to the poor; He hath sent me to heal the broken-hearted, to preach deliverance to the captives and recovery of sight to the blind; to set at liberty them that are bruised, and to preach the acceptable year of the Lord."[2] He did not simply heal disease, He restored shrunken capacity. He preached a Gospel to the whole man, and sought to make man whole through the Gospel that He preached. The physician, teacher and preacher were in Him so beautifully intertwined that they became a trinity of life-giving service. The body, through His magic touch, becomes the temple of the Holy Spirit, the mind the organ of God's thought, and the soul of man the candle of the Lord, burning, and shining as it burns.

Jesus did not go out of His way to prove His divinity by His miracles, though they unquestionably attested His divine nature and power. He did not attempt to prove anything. He came to reveal the Father and to live a life. In the living of that life of compassion, He gave the fullest proof of His true

[1] Matt. 4:23.
[2] Luke 4:18,19.

nature and mission. His miracles of healing were wrought out of His sympathy and love for man. They seemed almost to burst forth into light wherever He touched human bodies and met human needs.

What a noble catalogue might be written of those men and women who as medical missionaries have followed their great Exemplar on His double errand to humanity! Let us take for illustration Dr. U. H. Nixon, who surrendered a lucrative practice in Texas, sold his house, disposed of his effects and, taking his family, went at the call of the Church to Monterey, Mexico. Splendid fellow he was — a great Christian and a great physician. Hundreds were treated in his hospital wards, and thousands listened to his words in the chapel. Then came Yellow Jack up from Tampico. A weekly letter to the Secretary of the Mission Board told of the ravages of the epidemic. Nixon's wife and children were smitten. His nurses succumbed. Yellow fever had seized its victims in almost every house. Then followed the telegram that he himself was ill. Finally the last message — an envelope containing a prescription blank on which was penciled the farewell. True as steel, prompt and unflinching as the fellows who have served the military hospitals in the Balkans and died of typhus, he answered the call of duty.

Upon my way home one evening, in Nashville, Tennessee, I passed the gate of a hospital. The house surgeon was standing there for the moment and I caught his eye. Seeing that something unusual had happened, I stopped to hear the story. A brakeman had been crushed under the wheels of a freight train. The railroad surgeon was summoned, examined the patient, turned from the bedside and said there was no hope. "But he is not a Christian. Are you not going to tell him that he must die?" asked C. B. Han-

son, the young doctor. "Tell him yourself, I cannot," was his reply, as he turned on his heel and left the hospital. The house surgeon returned to his patient, took him by the hand, looked him in the eye, and told him that he had less than three hours to live. He must make his preparation to die. The young brakeman was at first incredulous, but grasping the truth, requested Hanson to kneel by his side and pray, while he confessed his sins and committed his soul to God. Athwart the darkening shadows that settled rapidly across the cot that afternoon, there fell a great light, and a joy came into the hearts of two men, and of the angels. The story, told so simply and so earnestly, gripped me. I felt that a man with a soul like that ought to be a medical missionary and told him so. He went to Mexico. He took the place of Nixon who had fallen, carried the work with marked ability, comforted many hearts, led scores to Christ, was himself stricken with pellagra, and laid down his life—a faithful soldier.

Is it any wonder that men and women who preach and live this double gospel, whose errand is so closely patterned on that of their Lord and whose work is so accurate an obedience to His commission are filled with exuberant hope? The missionary, as a rule, is the most optimistic worker in all the world. His cheerfulness is proverbial. It is the optimism of an aggressive Christianity—a Christianity which does not dig in, but takes the field, and in the fight with evil is as terrible as an army with banners. It is a hopefulness that springs from humanity's conquering faith in the ultimate triumph of the right, in the unshakable and ineradicable hope of immortality, and in the power and persistence of the truth. Nay, it is rooted in the very work and character of God. The great missionaries have always placed themselves in line with God's providence, resolved to do His will, however things

might come out. The results have been left with Him. "When we are assured," says Bishop Brent, "that we are called by God to a task and have His interest and supervision, our sole responsibility is to commit ourselves to the activities involved. The ultimate issue is not the worker's concern." So it is with the medical missionary.

Or is it any wonder that so many men and women of vision, of heroism, of the spirit of service have leaped to a task like this, that they have found their imaginations captured, their devotion challenged, their love for humanity compelled by so rich and sweeping an opportunity to serve to the uttermost?

V. His Motive

For what, after all, has been the driving motive in Henry West and Mary Pierson Eddy and Kenneth McKenzie and all the other men and women who have poured the strength of their lives into the abundant service of medical missions? What has been the central, directing force? It is the divine love in the missionary's life, giving singleness and strength of purpose. In the absence of such impelling love, any man may well question the genuineness and the vitality of his faith. David Livingstone, pioneer and medical missionary in Africa, in referring to his conversion, writes: "A sense of deep obligation to Him for His mercy has influenced, in some small measure, my conduct ever since . . . In the glow of love, which Christianity inspires, I soon resolved to devote my life to the alleviation of human misery." This dynamic is central in the heart of the great Father of the race. He loved and therefore gave. In giving, He withheld nothing. He gave His best, and His beloved Son in the spirit of infinite sacrifice withheld not Himself.

We lose sight of the other man when we have lost

sight of God. Confucianism, with its agnostic teaching, ignores God and deals only with the relations of man. "Judaism had two coordinate points—God and man. These were the two foci of the curve. Christianity has three—God, man and the other man. The distinction of Christianity is that it puts man in his own place, between God and his neighbor; and teaches him that he may receive grace from the one, which he may and must transmute into energy for the service of the other."[1] It is not because the other man is so far, but because our selfish aim is so near. It obscures not only the one man and his need, but all men with their greater need. Are we willing to remain quietly at home and see whole tribes and nations go down under their burdens? Are we willing, with our magnificent heritage, to stand "outside all the big hopes and all the big fights of humanity?" A selfishness which ever seeks its own good and looks not for the good of another is deliberate moral and spiritual suicide. "The missionary enterprise of the Church, the momentous social movements of our time, these are dragging because so many of us are spending on ourselves what we were meant to spend upon the world. Selfishness entails not only lost souls but a lost world." But remember, when a world goes down, we go down with it.

VI. Who Follows?

A thrill of joy comes to every man who can throw himself into a life undertaking—one worth living for, and equally worth dying for. A man is never so great as when he has a sense of mission—never so invincible as when he grips a great purpose. It springs him to his best. It makes him immortal. But the purpose must *grip him*. He must become possessed by it, if

[1] Roberts, "The Renaissance of Faith." p. 100.

he would measure up to the highest demands of God and humanity. It makes life count for something—for the most possible. Such a man does not rest upon the belief that the world owes him a living. He is convinced that he owes the world a life and that that life should be related to God's plan.

The plan of God is built around the needs of men. Every man who believes in God has a share in it. The share may be very small, but it is very real. It may be in an obscure corner of the earth, but it counts. Your lot may be simply that of lifting your fellow-man off the scrap-pile. That of another may be a mighty constructive effort for the uplift of humanity. The one may be small in detail, the other, building in the large. But it is all lending a hand, lifting a voice, living a life, and offering a service of help and of good cheer.

It matters little where the plan of God leads us. It matters much that our lives are rightly set down in the work and in the place marked for them in the divine plan. For Livingstone it meant the work of an explorer and pioneer medical missionary in Africa. He was on God's errand and he knew it. To the Directors of the London Missionary Society he wrote from the remote interior of the Dark Continent saying that he was at their disposal "to go anywhere—*provided it be FORWARD.*" The sense of mission never left him. In it there were blended a heart of tenderness and a will of iron. It was illustrated, on the one hand, by a night ride against the entreaties of his friends through a forest infested by wild beasts to save a poor native who had been gored in the abdomen by the thrust of a black rhinoceros. On the other hand, it emerged in his reply when troubles multiplied, and his brother Charles proposed he should give up the difficult task and settle in America: "I am a missionary, heart and soul. God had an only Son, and He

was a missionary and a physician. In this service I hope to live; in it I wish to die."

There are times in the history of the world when men and women must accept great tasks and make great decisions. This is one of them. Never before were demands for medical missionaries so imperative. Never before was there such a rush of opportunity, never such a pressure of responsibility growing out of the march of events, the cumulative needs of humanity, and the providence of God.

President Henry Churchill King speaks of "the natural birth-hours of great decisions," and adds, that "they should not be allowed lightly to pass." There are indeed hours that come to every man when deep-seated convictions are conceived and far-reaching decisions are born. They may grow slowly from the sense of one's obligation to serve his fellowman. Or they may come under the lightning-like flash of a revelation of God's will and of a world's need. When they do come, they are to be accepted as God's way of sweeping a man's life out into a larger sphere of duty.

A call to fill the life with service is always God's call. It may be the inner voice of duty; but it is His call. It may be an open door; that is the voice of Providence. It may be the urgent need of a missionary doctor; that is the voice of the Church. It may be the cry of humanity for help; that becomes an imperious demand and must be obeyed. The call is of God—the answer is by man. "Here am I, send me," said David Livingstone. Just so have answered a host of men and women who have fared forth to serve as medical missionaries—physicians, surgeons, nurses, sanitary engineers, athletic directors, medical instructors—into the lands where the task of physical reconstruction is so sorely and urgently needed. Who follows in their train?

THE AIM AND SCOPE OF MEDICAL MISSIONS

"Medical Missions are an expression of the whole message of Jesus Christ to the individual, the healing of the body, the enlightening of the mind, the redeeming of the soul."

Dr. Henry T. Hodgkin.

"Now, while all pursuits ought to be of the nature of callings, there are two which may be said to be callings par excellence, namely, the Christian ministry and the ministry to the sick. In the ideal physician, as in his Lord, these callings are blended."

Dr. Howard A. Kelly.

III

THE AIM AND SCOPE OF MEDICAL MISSIONS

In this chapter, with some inevitable repitition, we are to consider the objective and the range of the medical missonary's work.

I. The Aim and Scope Defined

The one great aim of medical missions is to present Christ to suffering and sinful men. To undertake less is to reduce a high calling to a secular profession, a mere philanthropy, or to the art of healing as a science pure and simple. In scope it is inclusive of every legitimate and available means of curing dsease and of allayng the suffering of the individual; of ministering to the sick in the home and in the hospital; of guarding the health of the community and of the State, and, through all of these channels, of making Christ known whenever and wherever opportunity may offer. The one supreme purpose of every missionary, whether evangelistic, educational, industrial, literary or medical, is to present Jesus Christ, the Son of God and the Saviour of the world, to preach His gospel by being His witness, by proclaiming the truth, by a ministry of mercy, by the daily life, and by every worthy and effective means for the promotion of the brotherhood of Christly men, and the extension of the Kingdom of God.

"Medical Missions," says Dr. James L. Barton, "have not lost in the least degree their original aim

and purpose. They represent the compassionate Christ yearning over the suffering masses of His ignorant children, to whom He stretches out His hands in loving invitation. At the same time they are introducing among the people of the East a new profession, are making the modern medical school and hospital indigenous to the Orient, and are constructing barriers through which epidemics and scourges that seem to breed in those countries may not break."[1]

Medical mission work is preventive, curative, redemptive and constructive. Initially the physician bends every effort to heal diseased humanity; then he must throw himself into the wider field of applying modern medical science to prevent disease in the individual, and to check the ravages of epidemics, and finally to eliminate them not only in the community where he lives and works but in all the world. His is a world task on this level. Beyond this, however, and on a higher plane, he becomes an exponent of spiritual forces set in motion for the redemption of humanity from a life of sin and moral degeneration to a life of personal purity and efficient service. Here his constructive work begins. He is a builder of a social order which is an integral part of the Kingdom of God among men. It is not the Utopia of the philosophers, nor heaven brought down to earth according to the notion of the Jew, but the divine life, and power to live that life, wrought into the consciousness of men — a life which is meant to interpenetrate,

[1] "Human Progress Through Missions," p. 67. The truth of this statement is reenforced by the fact that when the capital of China was threatened by the plague that was ravaging the Province of Manchuria, the Missionary Medical College in Peking was agreed upon by the Chinese officials as the most suitable place for planning the campaign against the epidemic. Medical missionaries had large leadership "in organizing and carrying out preventive measures, and the students in the Mission College were the mainstay of the Chinese Government in the crisis."

FIGHTING THE PNEUMONIC PLAGUE IN MANCHURIA
A Search-party Going From House to House
By courtesy United Council for Missionary Education

transform, and uplift, until men shall come to realize that God is their Father, and that they may become His restored and reinvigorated children. "Every civilizing influence that the missionary can bring to bear upon the people, and that gives to Christianity a practical aspect, every such form of missionary effort, when made to observe the one great purpose, lies within the scope of the Divine commission and should have its place in the missionary enterprise."[1]

No man is called upon so much as the medical missionary to combine the secular and religious, the material and the spiritual, to bring them together, to fuse and make their forces work to the same great end. It is the function of Christianity constantly to widen the sphere of religion and not to narrow it. It is the genius of Christianity not to be divorced from life but, like the leaven, which a woman took and hid in three measures of meal, to permeate and work persistently and powerfully until it is all leavened. "Ye are the salt of the earth." Jesus would not pray that His disciples should be taken from the world, but, while they were to be held to their task, He besought the Father that they might be kept from the evil one. Sin and shame, disease and death are present in the world — constantly present, and as widespread as humanity. Man to be saved must be redeemed in every part of his being. The medical missionary moves among the dead and dying. He touches life on every side; he deals with material as well as spiritual forces, but through it all he must be the light that radiates, the leaven that permeates, and the salt that preserves and becomes the savor of life unto life. With him there is neither secular nor religious as separated from each other. His reverence for human-

[1] John Lowe, "Medical Missions: Their Place and Power."

ity lifts and transfigures his daily task into a divine mission.

The gospel is revealed to us in world terms, and is inclusive of nature and all of man, as well as of all men. Canon Freemantle teaches that the world, lying in the bondage of sin, is subject to redemption. "There was always the hope," he writes, "that at last the creation itself would also be set free from the thraldom of decay." In the deliverance from such bondage man is freed from the burden of a diseased body and is given an opportunity to rise to the powers of manhood restored to its pristine strength. Who would not covet a share in bringing about such a restoration? How exalted such a mission!

The conservation of energy is one of the great discoveries of modern science. The redemption of nature and of man is logically to be accompanied and followed by the conservation of physical forces and moral energies — all to be turned into the channels of a re-creative and constructive era. Any man may consider it a high privilege to have a share in one or all of these processes. The medical missionary is singularly happy in that he lays one hand upon the material and the other upon the spiritual forces which enter into the divine scheme for the restoration of a universe. He is called to the work of building manhood and womanhood upon foundations wrought into the physical life, upon which the spiritual superstructure is to be based. Sometimes it is a re-creation out of poor human wreckage; more often it is magnificent material of latent powers he has to work upon. Were men made out of any other stuff, it might be a hopeless task. But the good work does not stop with the body. The life of sense is superseded by the life of the spirit. That which is seen yields to the unseen and that which is mortal yields to immortality.

II. Medical Missions an Evangelizing Agency

The medical missionary is first a missionary and second a doctor. His work is primarily spiritual rather than humanitarian. After all, while there may be many gifts, there is but one ministry of Christly service through which the gospel is propagated, the truth exemplified, and the life of the Church expressed. "The true Christian apologetic is the redemptive work of the Church." It is this ministry to men in the name of Jesus Christ that wins the battles of the Christian faith, and winning, finds Him in the van through whom we are more than conquerors.

Lest we are betrayed into undue emphasis and enthusiasm on the merely physical and material side, we quote from an eminent missionary author:

> If medical missions are to come to their own, in the mind and heart of the Church on the mission field, their undoubted service to the cause of humanity must never be allowed to assume so large a place as to divert attention from their supreme mission in making known by word, as well as by deed, the gospel of the Lord Jesus Christ. Not that the work of healing the sick is to be lowered in estimation and the equally mistaken view supported that Christianity and philanthropy are spheres apart, but that medical missions by declared aim and constant practice, by Board at home and by medical missionary on the field, must present a sphere of missionary activity in which the dominant note shall be the setting forth of the evangel of Christ and the redemption of the whole man for His glorious Kingdom.
>
> Let no one imagine that medical missions are here classified as a by-product. From the days of Christ until the present hour the sacred art of healing has been one of the most powerful means of winning an indifferent or an openly hostile people to a recognition of the truth. The medical missionary preaches by the silent practice of his profession as powerfully, and, at times, even more eloquently than does the clerical missionary speaking from the sacred desk. The medical missionary and his dispensary and hospital are not a by-product;

they are among the most irersistible forces for the Christianization of the East.[1]

The spiritual function of the medical missionary is like that of the evangelist. He is as truly a missionary as his ministerial brother. Both have offered and been accepted for the great work of the redemption of humanity, and they are equally unworthy of the name they bear if they fail to make the work of representing Christ the grand aim and purpose of their presence in the mission field. As for the extent and reach of the spiritual influence of the medical missionary there are no limitations save those of time and strength.

Medical missions may not stand first, but they stand a close second to evangelism in the work of redemption. They are a form of evangelism and have been greatly used of God in saving men. They have passed from the pioneering to the constructive stage. They are related not only to the individual, but to the community as a whole. Medical missionaries have, as a rule, been highly honored and influential in the communities where they have lived and labored. They have stood for education, sanitation, reform movements and all that makes for progress in social and civic life. Their work has been the best illustration of Christianity adjusting itself to the needs of modern men. It is Christianity at work. But neither education nor reform, nor even healing, important as they may be, should obscure the one great aim — the bringing of men to know Christ. The doctor must remember too that his relations to his patients give him exceptional opportunities, with a corresponding responsibility, to present Christ. The difficulty of the evangelistic missionary in approaching men as indi-

[1] James L. Barton, "Progress Through Missions," p. 61.

viduals does not apply to him. They deal much with men *en masse,* he comes into direct and personal contact. The sense of hostility is removed and the barrier of separation is broken down. The intimate relationship of physician and patient creates a sense of confidence, and seeds are sown which ripen into friendship. Could there be a more open way of approach? The doctor shares with the patient the divine gift of friendship as well as that of healing.

Dr. Kenneth Mackenzie, writing from Tientsin, March 4, 1887, gave the following reasons why the medical missionary should be active in evangelistic work:

> First — He can best influence his own patients.
> Second — His assistants will be, under God, largely what he makes them.
> Third — Unless he attends to it, the full value of the medical missions as a Christianizing agency will not be developed.
> Fourth — His own spiritual life requires it.

It has already been pointed out that medical missions have had more influence in disarming fanaticism than any other department of the service. Dr. Pennell of the Afghan frontier is a standing illustration of the ability of the medical missionary to carry the influence of Christianity into the crowded bazaar, the home of the Moslem, and among hostile tribes of fanatical Mohammedans. What happened when Dr. Joseph Cochran was so ill in Persia that his life was despaired of? Merchant and trader, official and soldier, and even the wild Kurd from the hills, would stop the Sahib's servant on the road and anxiously inquire concerning the doctor's welfare. Men who had been jealous for Mohammendanism and haters of Christianity, inquired for him with tears, and one was heard to say, "Would that God would take us and spare him."

There is nothing in human nature which can resist such a ministry as that. Everything goes down before it. Argument begets argument, as friction creates sparks; but love begets love as sunshine begets warmth, and genuine sympathy softens the most obdurate heart.

The influence of the mission hospital in blazing the way for the Gospel has been as clearly demonstrated in Persia as in any other field. "No missionary agency has been so influential in contact with uncivilized or semi-civilized governments; none has played so large a part in promoting peace and good-will, in ameliorating social and economic conditions, in spreading a knowledge of the simpler truths of the gospel and embodying its spirit in action, and in generally breaking down prejudice and opening the way for advance. It is also a fact that in land after land — the most notable instance is, perhaps, that of the Church Missionary Society in Central Persia — the nucleus of the first Christian Church has been gathered through medical work, and clusters closely around hospitals."[1] The absence of hospitals, dispensaries, asylums and homes for the blind and helpless in Oriental lands has brought out in unmistakable terms the beneficent work of medical missions. It is probably true that the wonderful opportunities in evangelistic and educational work, which presented themselves in the Near East before the great war, were largely the outcome of medical missionary work.

During the medical practice of nine years in China the writer came to realize with his missionary colleagues the drawing power of the Christian hospital, and the reach of the ministering hand into literally thousands of villages untouched by any other agency.

[1] International Review of Missions—April, 1912.

"The influence of the medical work extends beyond the bounds of all other missionary activities. No evangelist with a corps of Chinese helpers can visit as many towns as are represented by the patients who come to a single dispensary. The work has no geographical bounds. The evangelist may be driven out of a place by fanatical mobs, but no such power can stop the sick in that place from entering the mission hospital. . . . Consecrated evangelists have come from the ranks of opium sots, saved from the toils of the opium demon by the ministries of the doctor. Thousands caught their first glimpse of the Christ while in the hospital and are humbly following Him today."[1]

Jahan Kahn, the son of a merchant, went down with his father from Central Asia into Hindustan. In Dr. Pennell's Hospital at Bannu he first heard the gospel story, but in the beginning he stopped his ears lest he be defiled by the words of the infidel. His father died, he came into the employment of the doctor, and began to read the Scriptures. When the Moslems heard that he was reading the forbidden book they assaulted him. Dr. Pennell heard the cry, "Oh, Daktar Sahib! Oh, Daktar Sahib!" Rushing out, he found Jahan Kahn being beaten by two Mohammedans who were trying to stifle his cries by twisting his turban around his neck. This experience, however, brought him to a decision and public confession of Christ. Burning with a desire to tell his friends, he revisited his home in Afghanistan, in the face of terrible risks. He was arrested as a spy, having sewn copies of the gospels in Pushtu and Persian inside his baggy trousers. Finally he reached home, to the delight of his mother and brothers. Not attending pub-

[1] Elliott I. Osgood, "Breaking Down Chinese Walls."

lic prayers in the Mosque, he bravely told the villagers that he was a Christian. They then clamored for his life. That night he escaped, returned to Bannu and married a Christian girl, "who had received the training of a compounder and mid-wife in one of the Zenana Missions." A call having come for helpers in a mission on the Persian Gulf, they responded and went as missionaries to a foreign country. "In addition to the great work Jahan Kahn has done among the tribes in the region of Karak, he has built a beautiful little church of rough hewn stone — The Church of the Holy Name — as a memorial to his friend, Dr. T. L. Pennell."

The Pakhoi Leper Hospital is a marvelous illustration of the quickening and transforming power of the gospel. The father of Ng Wanshaan was a farmer and a leper. More than once a gang of thieves from the leper colony attacked his home because he refused to go and live with them. "Subsequently he went and dwelt alone in the neighboring mountains and there passed away." At seventeen the son was apprenticed to a sorcerer, married, and had two daughters. Then leprosy appeared. Again the lepers came from the colony, seized him, demanded money, and threatened to drag him to their loathesome village. All his money and valuables were taken. He could not earn a living and finally sold his daughters. Once more the lepers came, stole what was left, discovered and dragged him off to their den. His wife, in hunting for him, heard of the missionary leper asylum at Pakhoi. She helped him to escape and reach the haven of rest.

"I, a foot-sore and weary leper, arrived one morning at the hospital gate," he writes in an account of his life, "and on seeing the doctor besought him to heal me. He had compassion on me and received me. He gave me food, clothes, a bed, and a little money

to buy vegetables and fish, besides medicines, and every day took great care of me. . . . Every day I heard the word explained, and understood that I was a sinner, and that I must believe in Jesus the Saviour of the world. . . . I gave up all the sorcery I had learned, and yielded my heart to God. On my first visit home I burned my ancestral tablet and idols, and destroyed the bowl used for burning incense. My nephew was very angry and cursed me, but I was not afraid, and God gave me patience to bear with his anger. . . . The Holy Scriptures enlightened me, and led me to understand the truth. I thus learned to love God with a hot heart." His wife, under his influence and prayers, believed and walked twenty miles every Sunday to attend the services. He became a licensed lay reader and conducted services in the leper village where he had been so much abused. He became head master, and one of the most trusted inmates of the Home. One leg had to be amputated, but he managed to make short preaching tours, selling books and receiving no pay beyond the usual allowance of rice. His remaining foot became so bad from the ravages of the disease that he could no longer walk. When the day for the Holy Communion came, the missionaries were deeply touched by seeing him crawl to the table on his hands and knees to partake of the Lord's Supper.

In no land more than in Africa is the force of medical missions needed as a pioneering factor in the work of evangelization. The Mohammedan advance in the Dark Continent constitutes a direct menace to the missionary forces of Christendom. It is a standing menace to Christian civilization, and will be wherever it gets a foothold. The erstwhile Arab slave raider has become the propagandist trader. That advance must be more than met— it must be checked. The entire

structure built upon error and fanaticism must be undetermined. This can best be done by a counter movement — a ministry to the sick and the incarnation of the truth in the man who ministers. In the African field where the advance is steadily southward, and whole tribes are going over to Islam, the writer strongly favors a chain of medical stations stretching across the continent from South Nigeria through the French Congo to Uganda. These should be not more than two hundred and fifty miles apart, or within supporting distance of each other.

All life in Central Africa is village life, and all missionaries in the remote interior dispense medicine daily. They have no choice. Medical missionaries are scarce and the native is in imperative need of help. It was in the midst of such a ministry to body as well as soul, that George Grenfell laid down his life. Like Bishop Hannington, on the upper reaches of the Nile, he too died with his face toward Uganda. Grenfell's dream had been to throw a chain of stations toward the northeast along the Aruwimi through pigmy land, until his missionaries should strike hands with those of the Church Missionary Society. From his grave you can hear the lap of the great water-course at the junction of the rivers and realize the genius of his strategy and the grip of his purpose. Had he lived and succeeded it might have served to check the Mohammedan advance. His was a soul cast in an heroic mould. He endured much, but in his suffering was identified with his Lord.

Is not all true and essential Christian life an identification with Jesus Christ? We must enter into His sacrificial spirit if we would interpret Him to the world, and that interpretation must be in terms of a sacrificial life. The sufferings of Christ wrought into our lives and our faith become by some mysterious

process "profoundly cooperative with His in the ministry of salvation." It is often through the deepest experience of suffering and our fellowship with those who suffer that we find the richest ministry of service.

III. The Range and Relationship of Medical Mission Work

It is the function of Christian missions to introduce a new order of society among the peoples to whom they go. In this exalted errand the medical missionary has an important and distinctive part to play.

1. He exalts and conserves human personality. The Christian order of society calls for efficient manhood and womanhood and this is the alluring goal before the medical missionary as he labors to redeem diseased and broken human life. In speaking of Jesus Christ and His mission, Professor E. I. Bosworth uses the significant words, "Bringing to them His own eternal health." It was the soundness of His health that helped to make the sweetness of His soul, and the wholesomeness of His spiritual life gave virtue and power in the healing of men. He brought immortality to light and bestowed the wealth of immortal life which alone can be the guarantee of eternal health. Who has a sublimer mission than the missionary who introduces the Great Physician into the sick room with all His tenderness, comfort, and strength. It was in His own words of prayer that He said, "And this is life eternal that they might know Thee, the only true God, and Jesus Christ whom Thou has sent." Eternal life means eternal health.

In the comparative study of Christianity and other faiths, we find that a constantly deepening relation between human and divine personality is the highest form of religion. Reverence for personality is the strength and glory of Christianity. It is the truest

tion, and the purpose to utilize the opportunity when it comes, is for a higher quality of service in this life, as well as the life to come. The Kingdom of God stands for the establishment of "the Christian civilization of brotherly men." The Gospel has no significance if it does not preach a real brotherhood, a genuine desire to share our blessings and to help men out of their pain, misery and disease.

"It remains a part of the Church's duty," writes Dr. P. L. McCall in *The China Medical Journal,* "in seeking to represent Christianity not to neglect the exercise of a Christlike Christianity. It is indeed a poor, maimed, un-Christlike Christianity that does no benevolent deeds. When the Church takes no part in philanthropic effort the world says, 'The Church talks at men's souls and lets their bodies rot away,' the truth being that one of the Christlike characteristics of Christianity is gone; while, if we have hospitals and asylums apart from Christianity, this is to pick the fruit and reject the tree from which it grew. There must be *pari passu* the verbal explanation of the gospel truth, and a practical exhibition of it in the form of loving care for the sick and destitute. The two methods of showing the double scope of Christianity may not be omitted so long as the Church exists and human need remains."

It is the highest privilege of the missionary to have a share in the unveiling of God the Father through Jesus Christ. This evangel can be wrought out in home and hospital the livelong day. And in his life the medical missionary not only is serving but is planting ideals of unselfish service among the people. Hon. Charles Denby, former United States Minister at Peking, after a personal visit to a number of stations, has said: "In China the missionaries are the leaders in every charitable work. They give to the natives

largely out of their scanty earnings, and they honestly administer the alms of others. When famine arrives — and it comes every year — the missionary is the first and last to give his time and labor to alleviate suffering." The work of the medical missionary silently and powerfully makes its own argument. No appeal in words is necesasry to produce conviction. In addition to gifts of money, of time and of service, especially in epidemics and in famine, there is the self-giving in which even life is not withheld. Herein lies its virtue, its power and its acceptance by all classes of men. Its enemies may oppose Christianity as a dogma and as a creed, but they accept it as a mission of mercy, and in the glow as well as the shadow of the Cross come to see the crucified One as the only hope of the world.

A vivid illustration of the influence of medical missions to implant the Christian conception of brotherly service is related by Mr. Fred Paton, son of the famous missionary, John G. Paton. In writing of the leper settlement on the New Hebrides Islands, he says that the women voluntarily elected to share the isolation of their leprous husbands. "The blessing of God seemed to have rested on these self-sacrificing Tanna women. In no single case did the wife contract the disease. In every case, save one, the husband died. . . . We have our communion next Sabbath. Two old cannibals will join. Our collection will go to the Relief Fund of the Belgians. We sold the nuts on the mission land last week for 35 shillings, which is a good start."

The lepers' camp, the heroic missionary, devoted native women, converted cannibals, Belgian relief! What a combination! Where can it be duplicated save on the mission field where wonders never cease? It is unmistakable evidence of the mighty inward force

which impels the messenger to go, drives the message home, and transforms humanity. What if it is far away in the South Seas, where the keel of a vessel seldom plows a furrow through the blue waters that wash the coral reefs. The distance, the isolation, the dread disease, and the savage lives make it the more interesting and the more marvelous.

3. He promotes the physical well-being of the community. He is not content with his remedial work in hospital and sick room; he aims at preventive measures. He is concerned not only to bring a patient back to health but to return him to an improved environment. He ministers to both individual and community health.

The promotion of public health education on the mission fields, in an organized way, is a comparatively recent development. It comes legitimately within the scope of medical missionary work and bids fair to yield most valuable results. The need is emphasized by the crude ideas that prevail, by the ignorance of the simplest laws of health, and by the habits of life which have tended enormously to increase mortality.

The need of systematic health education is brought out by such facts as that 48 per cent of the children under two years of age die in some sections of China, and 60 per cent in Turkey. Dr. W. W. Keen, during his visit to Burma, saw hundreds of pilgrims "drinking the green scum-covered water" from temple tanks. The ingestion and ravages of the spirillum are easily accounted for in this way. The rise and spread of epidemics of cholera, typhoid, plague and smallpox in such countries as Korea, China and India are not difficult to understand. Dr. C. D. Ussher, in referring to the spread of typhus in such cities as Van and Bitlis in Turkish Armenia, brings out the fact that the military medical authorities were neglectful of

their duties, and in their monumental conceit refused to adopt the simplest precautions, until 2,800 out of a garrison of 4,800 soldiers perished. Finally awaking to the seriousness of the situation, the suggestions of the missionary doctor were adopted and the epidemic stamped out.

We were slow in the United States to learn the lesson of alertness, investigation of causes and prevention. The consequences were terrible. Ninety-five times did the yellow fever invade our coasts, traveling as far north as Philadelphia, in the days of the celebrated Dr. Rush. These invasions have cost us the lives of 100,000 victims and the single epidemic of 1878 resulted in a loss of $100,000,000. It was not until the splendid achievement wrought out by Dr. Walter Reed, first in the laboratory of Johns Hopkins, under Prof. William H. Welch, and afterwards in the camp in Cuba, where the heroic Lazear laid down his life, that the world recognized the possibility of stamping out yellow fever by the extermination of the mosquito. Dr. Howard A. Kelley, of Johns Hopkins, has given in his life of Reed the outline of this magnificent piece of work. He quotes General Leonard Wood as saying: "I know of no man who has done so much for humanity as Major Reed. His discovery results in the saving of more lives annually than were lost in the Cuban War and saves the commercial interests of the world a greater financial loss in each year than the cost of the entire Cuban War."

Such work puts the campaign of Dr. W. W. Peter, in China, for health education, upon high ground. In this campaign he has had the efficient cooperation of Dr. Wu Lien Teh, President of the China National Medical Association, and that of Dr. S. P. Chen, of Peking, a graduate of Cambridge University, and prominent in the campaign against plague in Man-

Part of Dr. W. W. Peter's Public Health Exhibit

churia, two years ago. Under the auspices of the Y. M. C. A., and with the hearty endorsement of the body of medical missionaries in China, this work has commended itself to the highest officials in the republic, who have given liberal sums of money and devoted their time to committee work looking to the organization of public health associations. Making a splendid beginning in the capital, the campaign was carried to the city of Hangchow, where Dr. Duncan Main and the Commissioner of Police, the latter meeting practically all expenses, secured an attendance of 7,000 people in the midst of pouring rain. The chief Abbot of the famous Lin Yin Monastery furnished a unique audience by the presence of one hundred Buddhist priests at a special meeting.

The method pursued by this doctor is that of arousing curiosity, establishing a point of contact, the use of charts and object lessons, the distribution of anti-tuberculosis calendars, and, finally, home thrusts in the way of arguments. The exhibit itself weighs two and a half tons, is distributed in 38 packages, and requires 81 coolies to carry it. The audience, its attention having been caught by the pantomime enacted, is held spellbound by the lecture which follows. The announcement is made that 852,348 victims of tuberculosis die every year in the country. Figures like this mean little, but when an illustration is given by touching a button and having a constant procession of little men, women and children walk out of a miniature Chinese house, one for every eight seconds, and falling into an open grave, as a bell tolls a funeral knell, the impression is simply tremendous. Even the phlegmatic Chinese feel a suppressed quiver of excitement running through them, and resolve that they will join in the preventive campaign for which their co-operation is requested.

Mrs. D. L. Pierson, in an article in the *Missionary Review of the World,* in commenting upon this work remarks: "The health question in China is but one of the many sides to the problem of China's redemption. But this question affects not China alone, for the close contact between the peoples of the world, makes the health of one-fourth of the human race of vital importance to the other three-fourths. Commerce may carry communicable diseases as well as marketable produce, and preventive measures at the source are twice as effective as quarantine at ports of distribution."

Dr. W. W. Peter, in impressing upon the Chinese the relation between national health and national strength is teaching a profound and much needed lesson. But when he closes his lecture, or follows it on Sunday, with the greater need of the gospel for man's higher nature, diseased and stricken by sin, the application carries with it additional weight. Every medical missionary in going to the foreign field should give as much attention to the matter of public health and preventive medicine as his time and his other duties will permit.

These are distinctive ways in which the medical missionary is quietly but effectively introducing the leaven of a new order of society into non-Christian lands. But all that he does should be correlated and cooperative with the other branches of the missionary service, for, as we have seen in an earlier part of this chapter, their ultimate aim and his are identical.

A quiet, gracious, unselfish man of pervasive influence; missionary, administrator, peacemaker and diplomatist—Joseph Plumb Cochran . . . went far towards attaining the ideal of what a medical missionary should be. . . . Notwithstanding his high record of unsparing professional devotion, both in the hospital and out of it, Dr. Cochran was in the

heart of the general administrative work of the mission, every part of which was indebted to his far-sightedness and sympathetic wisdom. . . . When supplies from home ran short he was always ready to vote money to other agencies in the mission as more needy than his own. It is impossible to doubt that there are already other doctors who mean as much to their missions as Dr. Cochran did to his. Yet those who, like the writer, have some acquaintance with the work of composite mission stations will admit that, speaking generally, a closer incorporation on lines of mutual understanding would result in better work.[1]

The letters of Dr. Cochran throw a flood of light upon the scope of his work and upon a life absolutely given to the service of his fellowmen. There was no reservation. From the health standpoint it might not have been wise. It was an abandon of self. He literally emptied himself. He was often so busy that he had to lock his doors while preparing for the mail. His correspondence with the British officials, concerning mission, church and civil affairs, growing out of the opposition of the people, was very heavy. Even on his mountain tours, in the midst of dispensing medicine, the doctor's services as a mediator between the oppressed peasants and their task masters, whether Turkish or Persian officials, were constantly in demand. He writes, near the end of his first missionary term, "If at home, unless I stay in bed, I have to see or else refuse, which is often harder, a great many sick and oppressed, while if I go to the village the press, if possible, is greater and sick are brought along the roadside, which they know I must pass. All our circle here in the spring advised my going off with my family, but I could not make up my mind that I was not to rally, nor did I wish to leave my work, and incur such great expense. It has been my hope and prayer that I would have strength given me to con-

[1] R. E. Speer, "The Foreign Doctor,"

tinue at this post at least for ten years without an absence, but I am now obliged to admit that unless I can soon get away from all places where I would be beset by Persians, I must before very long give up my work in toto."[1]

What is the ideal medical missionary? Is it not the doctor who, while he holds himself true to the highest aim, embraces within the scope and orientation of his life all responsibility that grows out of his relationship to his patients, the community, the mission and the Church?

[1] R. E. Speer, "The Foreign Doctor," p. 129.

FROM CANDIDATE TO MISSIONARY

THE HIPPOCRATIC OATH

"With purity and holiness I will pass my life and practice my art."

Hippocrates—460–357 B. C.

"Blessed is he who has found his work, let him ask no other blessedness. He has a work, a life-purpose. He has found it, and will follow it."

Carlyle.

IV

FROM CANDIDATE TO MISSIONARY

I. The Call

Carlyle has said, "Blessed is the man that hath found his work. Let him ask no other blessedness." The call to a life work on the foreign field — what constitutes it? This question is perplexing the minds of a large number of earnest men and women in colleges, universities, theological seminaries and medical schools. It is sheer mockery for any student to look for an answer to the question who does not genuinely purpose to live a life of the largest possible usefulness. But where that purpose directs the question, any honest seeker may learn whether or not he is "called" to missionary service. What are the factors in such a call?

The need constitutes one factor in the call. It is the first thing that impresses a man who studies the condition of the non-Christian world. It is the first impression, the most lasting and the most urgent. One cannot escape the appalling fact that millions of his fellow beings are sick unto death, without medicine, without surgery, without hospitals, without doctors, without nurses, and, in addition, are deprived of the gospel of good cheer.

The desire to meet the need is a second factor in the call. The impulse is God-given. To realize the need of suffering humanity is but to create an insistent desire, in the heart of every true Christian, to relieve that need. To do less is to be lacking in a sense

of gratitude to God, and to be untrue to the obligation to give our fellow men what we have ourselves received.

The judgment of those who know the candidate best, his qualification and disqualification, together with the demands of the field and of the service to be rendered—all enter into the final decision.

A personal commitment to the will of God is the most important factor in the call. God does not speak to all men and women in equally clear and intelligible terms concerning their life mission. But no one should enter upon a life work without a sense of vocation. Bishop Brent says, "God's richest response comes to us in his gift of vocation. We are called by Him, and our consciousness becomes steeped in the power of His call. The sense of vocation is the deepest secret of the lives of the greatest leaders, early and late. The call of a need and the call of the crowd are both inspiring, but it is not until there is added to them, or heard through them, the call of God that the leader is fully equipped to achieve." Such a call involves a plan and it must be God's plan. No man can do his best work for humanity if he has no sense of program larger than his own. He must come to realize that his life is moving with perfect freedom of initiative within the circumference of a larger life, in line with forces that are infinite.

It was the growing conception of a divine program for the world that made apostles of Galilean fishermen, and gave to Paul and to the beloved physician, Luke, the imperial vision of the Roman empire evangelized—the prayer and the goal of their purpose. "Most superbly," writes Griffis, in speaking of Dr. Hepburn, "does Providence fit men for their work and put each into his niche." This recognition of Providence in the pull and the push of a man's life work is not fatalism, for fatalism is the negation of freedom. It is the

attitude of an intelligent and free man who realizes that "the will was made not only to use forces less than itself, but forces greater than itself, and to be used by them through vigorous cooperation." In other words, the voluntary yielding of the lower to the higher, the human will to the divine, brings that tremendous reenforcement which not only enables a man to do his own greatest work, but to do it through other lives than his own, and by forces far beyond his own—a work made possible only through the union of the human and the divine purpose.

When such a student as we have described becomes conscious of a call to foreign missionary work, he need not concern himself at first as to the specific place to which he will go. Naturally he will desire to go where he is needed most. David Livingstone, with his usual directness, wrote, "I would earnestly recommend all young missionaries to go at once to the real heathen and never to be content with what has been made ready to their hands by men of greater enterprise." With him it was to open a way, to prepare a field, to sow the seed, to wrestle with a herculean task, and to have a share in prizing a continent up into the light. It may be that in the experienced judgment of his Mission Board the candidate will be sent into one of the regions where today heathenism is as raw and life as primitive as in Livingstone's time. But the young missionary of this century is more apt to be sent to build upon the foundations of others, and to carry out plans already laid. If so, it should be done with equal fidelity and an equal sense of privilege.

But whether it be to pioneer or established work that he goes, the missionary candidate should face it with an equal consciousness of answering that divine summons which he has heard in the call of the world's need. For the task is one and the resources that must

be brought to bear on it are the same in either case. It is not by well laid plans, substantial buildings and costly equipment, nor by learned faculties in educational and medical work, nor by the evidences of science and a higher civilization expressed by material forces, that the nations are to be won. The missionary is not sent out to evangelize the world through his civilization. In confirmation of this, Dr. John Lowe of the Edinburgh Medical Missionary Society, says, "The agency we employ may, to all human appearance, be perfect, but without the energizing influence of God's Holy Spirit it is nothing more than a splendid machine without the motive power." The missionary does not proceed, therefore, on the basis of having larger material resources than the non-Christian, nor upon his representing a superior order of society, neither is his chief reliance upon a better organized religion and more intelligent leadership. These are valuable in their place as auxiliary factors, but they are secondary. Christ alone is the true measure of our Christian civilization, and our ability to help our fellow men. Leave Him out and our civilization is no better than that of the Orient. It is not worth while deluding ourselves. If He is not in the personal experience and life of the medical missionary who goes to present Him and His message to needy men, then that missionary would better stay at home. The strength of the missionary lies in the consciousness that it is God's program in which he is to share, God's power in which he is to work, and God's call to which he is responding.

II. The Qualifications

The qualifications necessary to the making of a medical missionary are of paramount interest to the candidate. "The qualities required in a missionary

leader," writes Livingstone, the great pioneer to Africa, "are not of the common kind. He ought to have physical and moral courage of the highest order, and a considerable amount of cultivation and energy, balanced by patient determination; and above all these are necessary a calm Christian zeal, and anxiety for the main spiritual results of the work."

First there are the physical qualifications. There is no Christian worker who stands more in need of robust health, toughness of fiber and good digestion. It was Lord Kitchener who said, "An army travels on its stomach." A poor digestion, flabby muscles, and inability to sleep will lose the battle for the soldier; much more the physician when he has to play the part of doctor, pharmacist and nurse. A strong heart, a good stomach, ability to sleep under all conditions and a cheerful disposition will carry the owner over the roughest roads. Humboldt, the great traveler and indefatigable student, maintained that he had lived "four working lives by retaining a working power double the average, for double the average number of years."

There are physical disqualifications which should prevent the candidate from being accepted and which, if they develop on the field, however well qualified the missionary may otherwise be, will necessitate a return. These are latent tuberculosis and malaria, chronic nervous headaches, a predisposition to dysentery, and a strain of insanity. Any or all of these should be eliminated, since long and exhausting hours of work in an unfriendly climate will always develop latent tendencies. "Few things," says Henry Churchill King, "are a severer test or better training of the will power of a man than fidelity to this trust of his body. To be truly temperate and fully to meet the requirements of health of body gives an ample field for will

training—an ampler field, it is to be feared, than most of us are cultivating."

Intellectual qualifications make up another group. A trained mind with disciplined powers of observation must be brought to bear upon the task. With these there should be mental alertness, a good memory, at least a moderate capacity for languages, and a faculty for impartation. Limited time and opportunity for language study and research work will be such that the doctor must bring to his or her task mental powers that are trained, disciplined and under the control of a masterful will.

The question of age is one which the candidate and the Board must consider in looking forward to the foreign field. It is the consensus of opinion that medical missionaries, men or women, should not go out to the field before they are twenty-five, and the preference of many Secretaries is for a maturer age, thirty being no barrier to acceptance. This is partly upon physical grounds, but largely because of the time required for thorough collegiate and medical education, with added hospital experience. Time in the end is saved by it. It is true that Dr. Hepburn at twenty-six was at work in Singapore and at twenty-eight in China, but he began his best and most enduring work in Japan at forty-four. The opinion of Dr. Joseph Cochran is worthy of consideration at this point: "A mistake is frequently made in sending persons to a foreign field who are too young and immature. But few persons under thirty are physically and mentally prepared for the hard, anxious work which is to devolve upon them. Married ladies should not be sent out under twenty-two or twenty-four. Especially would I insist that no single lady be sent out under twenty-four or twenty-six. The strain which comes upon a single lady in coming to and engaging in foreign work is much

greater than that which falls upon her married sister. Again the mistake is made of sending out men whose health has been very much impaired, seriously though not permanently, from a course of hard study and close confinement."

Other qualifications may be classed as temperamental. Calmness and self-control in times of emergency are as important as resourcefulness. An unlimited stock of patience, and an absence of hurry while going steadily forward cannot be too strongly emphasized. To worry is to lose time, waste strength, and lower the level of efficiency. A happy combination of dignity and genial friendliness brings masterful poise, and yet leaves the way open to that spirit of comradeship without which true leadership is impossible. Another qualification is that enthusiasm which gives zest for study and creates interest in the dryest details. "I am passionately fond of surgery," Mackenzie writes to his brother from China, "and never happier than when I am about to undertake some big operation." Not an easy optimism, but a wholesome one gives a buoyancy of spirit with which the surgeon is able to meet and overcome difficulties growing out of the stupidity of patients and carelessness of helpers.

Cheerfulness under trying circumstances is a qualification the young medical missionary may well covet. Dr. Duncan Main, shortly after arrival at Hangchow, found himself and his wife up against some serious situations. Characteristically, he at once suggested, "We must belong to the Cheer-up Society from this day forth." No missionary in China has exemplified more than he, by his good humor and optimism, the principles of such a society. It was not long before he had his good nature tested.

"Well," began the Doctor to an old patient, "so your cough is no better."

"No, Doctor," replied the old man, coughing and expectorating to show how bad it still was.

"Do you take the medicine as I told you?" inquired the Doctor.

"That was so," replied the patient.

"Tell me," said the Doctor, looking up his note book to see what he had prescribed and the directions he had given, "how did I tell you to take the medicine?"

"Yes, Doctor," answered the old man, "ate the fat. It was not sufficiently strong, I think. And I rubbed my knee with the lotion, but it did not raise any blister or even make my leg warm."

"Oh," said the Doctor, "you may well not be better. I gave you the sulphur ointment to rub on your leg for the itch and the medicine for your cough." Result: Fresh instructions and fresh medicine, and the patient departed.

The burdens of a heavy and exacting work are greatly lightened by a sense of humor. The ability to see the fun in a thing, if there be any, promotes a spirit of cheerfulness and infectious mirth which helps to make life endurable under the most exasperating circumstances. "A merry heart doeth good like a medicine, but a broken spirit drieth the bones." Back numbers of Punch were an unfailing source of quiet amusement to Livingstone when under severe nervous tension and far removed from civilization. Some one has said, "The lack of a sense of humor has turned many a wise man into a fool." Who could repress a smile in seeing a dignified Presbyterian missionary gesticulating violently and slapping his legs while in the pulpit, in Central Africa, when an army of driver ants were swarming up his trousers? Of course the congregation laughed outright when he took to the woods. No doubt the missionary himself had many a laugh over the incident.

Supremely important are the spiritual qualifications of the missionary candidate. An unshakeable faith in God is an equipment which lies at the foundation of all Christian character and work. It ensures permanence and success. It may recognize difficulties, but never admits of discouragement or defeat. God never gets discouraged. He cannot use a discouraged man or woman. Discouragement is a leaden weight and ends in paralysis of effort. There is no room in our religion for pessimism. Christianity can meet the largest need, support faith and stimulate every faculty to noble efficiency. It is the high function of the Christian physician to rekindle hope, and to restore his patients to vigorous physical and spiritual life. How important, therefore, that he himself should be a man of large faith.

Love as a qualification and a motive must be the perennial fountain from which all true and helpful ministry proceeds. No candidate can be a true missionary whose heart is not constrained by the love of Christ. This is the reinforcing point and the reinforcing power. Love's labor is never lost under such impulsion. It seeks, it finds, it conquers. Where failure has been made by the medical missionary, it has generally been at this point. No natural gifts, however great, and no scientific training can substitute the tender loving sympathy which lifts every man into a real sense of brotherhood by bringing him to God. "After all," writes Dr. Mackenzie to a medical friend in China, "our great work lies in bringing home the love of God to our patients. What a glorious thing it is to be engaged in such a service!"

A prayerful spirit must not be overlooked, for it is the secret of power with God and man. With the medical missionary, prayer must become a habit, an attitude, a working force. He must live and work in

the atmosphere of prayer which he creates. Prayer with him is the key with which he unlocks the resources of divine grace upon the one hand, while love opens the door of the most obdurate heart upon the other. A consciousness upon his part that he goes to a divinely appointed task and works under the commission of the Great Physician, generates that spirit of faith and confidence which is the solution of almost every problem of life. It was said of Dr. Harold Schofield by one who knew him intimately: "He carried on his work in the spirit of prayer. On ordinary dispensary days he invariably sought the Divine blessing before he saw the patients. I have frequently been with him when performing surgical operations, and he always besought God to make his efforts to give relief effectual."

In discussing the spiritual qualifications of the candidate, the Board of Missionary Preparation mentions specifically these requirements:

1. "The Bible—that he may be able to teach it.

2. Practical Christian work—that he may most tactfully lead men and women into a new spiritual life."

It wisely adds that too much emphasis cannot be placed upon the subject just mentioned. "As to the Bible," the statement continues, "the missionary should have a first hand acquaintance with it as a source of power; an up-to-date knowledge of Bible interpretation that will keep him far from too narrow or too literal views; a broad knowledge of its relation to modern thought that will help in bringing it to bear on the characteristic problems of the present day; an ability to teach the Bible effectively, which is not necessarily involved in the most thorough scholarship and which can be developed only through practice."

In referring to practical Christian work, the Board makes the comment that "the physician may do very

little if any preaching; he may not engage in teaching, but his chief justification for being a missionary is that he is a representative of Jesus Christ. He cannot properly represent Him unless he knows Him and he cannot know Him without some knowledge of His Word."[1]

III. The Preparation.

How should a candidate for medical mission work prepare for a life career so exacting and so full of immense possibility?

The educational preparation of the candidate should not fall short of a full college course. The time was when doctors were sent to the field without the advantages of literary studies. But today the Foreign Mission Boards rarely accept candidates who have not this educational qualification. The minimum pre-medical preparation suggested by the Council of the American Medical Association for students intending to practice at home is "At least a four year high school education, and in addition at least one year of college work, including at least eight semester hours each of physics, chemistry, biology, and German or French." The Board of Missionary Preparation, however, coincides with the consensus of opinion that, for a medical missionary, a full college course should, if possible, be taken before the medical begins. "If choice must be made, a fifth hospital year would be preferable to the last two years in college. The volunteer for medical missionary service should realize the need for better preparation than if he were planning to remain at home."[2]

The physical and the psychical act and react upon each other. Dr. Catherine L. Mabie, of the Belgian Congo, in a recent paper on missionary health, lays

[1] Board of Missionary Preparation — Third Report, p. 98.
[2] Board of Missionary Preparation — Third Report, p. 89.

great stress upon a study of psycopathy as it relates itself to mental conditions developing among those who are remote from civilization or community centers. The Chinese in the early centuries philosophized over mental attitudes, and had the germ of the theory of healing by suggestion. Aristotle expressed the opinion that " The philosopher should end with medicine—the physician commence with philosophy." One might or might not be wise in following his advice in the light of the experience of another ancient—Anaxagoras, who said, " To philosophy I owe my wordly ruin, and my soul's prosperity."

Some of the foremost medical educationalists maintain that a medical course preceded by two years of academic study, with electives, and followed by two years of post graduate study and practice including at least a year as a hospital interne, is the preferable plan, especially in the case of students who begin medical study after 22 years of age.

One modern language at least should be studied by the candidate, in addition to the mother tongue, not only for its value in medical training, but also in order to give a knowledge of language structure and some facility in the acquirement of the vernacular of the people to whom he is sent. The medical missionary will have less time for study than his evangelistic colleague and should, therefore, at the outset be fully as well drilled and quaified in a knowledge of the principles which lie at the foundation of every language. The first year's work on the field should largely be given to such study, and if possible the mission should arrange for his entire time being devoted to it. At least the first year of active service, and preferably two years, should when possible be free from administrative responsibility.

The medical preparation of the candidates cannot be

too thorough. A full course in a first class medical school is an absolute requirement. Nothing short of this can be considered for a moment. "It is definitely recommended that only graduates from Class A Plus and Class A schools should be appointed medical missionaries. No one should be appointed to medical missionary service who has not had at least four years of professional training. The majority favor a course of five years."[1] The obligation to do carries with it the responsibility to prepare. There is an Indian proverb that runs:

> "Half physician, peril of life;
> Half priest, peril of faith."

Inadequate preparation leads ultimately to dishonest work — a sin against character and a crime against humanity.

There are no half-way measures in this sort of work. Too much is involved. More than the average time should be given to such foundation studies as anatomy, physiology, chemistry, biology, and pharmacology. It is often the case that medical missionaries are at great distances from their colleagues and consultation is impossible. The candidate, therefore, cannot be too thoroughly grounded in those branches that form the basis of all successful medical and surgical practice.

Especial attention should be paid to obstetrics, diseases of women and children, diseases of the eye and ear, skin diseases and tropical medicine. He should be proficient in the latest laboratory technique as related to chemical tests of all the body discharges. Experience and skill in microscopical and the chemical methods of blood study will also be valuable. Bacteriological skill and familiarity in the making of autogenous vaccine will be of great aid. Many of our plants on

[1] Board of Missionary Preparation — Third Report, p. 92.

the mission fields will be supplied with X-ray outfits and in the future years these X-ray studies will play a larger part than ever in diagnosis and treatment, so it behooves the new workers to secure all the familiarity possible to the technique of taking and developing X-ray plates and in the interpretation of them.

In addition, such branches as preventive medicine, hygiene and sanitation will qualify for rendering effective service to the community in the department of public health in such fields, especially, as China, Korea, India, the Philippines, Mexico and South America. A necessity for studying pharmacy grows out of the doctor having to put up his own prescriptions at first, to prepare drugs from crude materials, and to train helpers as compounders and dispensers. It is hardly worth while to go extensively into dentistry, though every medical missionary should be supplied with a set of forceps, know how to use them, and be able to treat an aching tooth.

After the four years' medical course, at least one year should be spent in a general hospital of recognized standing. During that year the prospective missionary should familiarize himself with the technique of surgery and obstetrics, spending as much time in the maternity and children's wards as possible. He cannot have too much experience here, for the very first missionary case on the field may tax his skill to the utmost. Several weeks given to first aid in some downtown emergency hospital would be invaluable. In addition to this some practice should be had in filling prescriptions and in the making of pills and tabloid preparations. This can often be acquired during vacations before graduation. These may seem to be minute details, but facility must be acquired before plunging into the ceaseless activity which precludes all preparation after reaching the field.

It is the opinion of an eminent medical missionary in India that the young medical missionary upon arrival should spend some time associated with, and under the direction of, a more experienced worker before being put in charge of a hospital. Since conditions on the field are very different from those at home, this is an excellent suggestion, but difficult to comply with because of the almost invariable lack of qualified workers. The young missionary almost immediately finds heavy work thrust upon him and must undertake an independent task.

As to postgraduate work, beyond one or two years of hospital interneship following graduation, the writer would advise its postponement until the medical missionary has returned on his first furlough. He will then know definitely what he requires and will be able, out of his experience, more satisfactorily to meet the need. Three months of postgraduate study under these conditions would be worth a year of preparation before going to the field. If, however, the candidate is under appointment to a tropical country, three months of study in a school of tropical medicine after completing a hospital interneship is most desirable.

At the expense of repetition, we recommend uncompromising thoroughness as the watchword of the medical missionary. In emergencies the surgeon may be called upon to perform major operations and do for a fellow missionary, or a native, what at home could be done only by the head of the staff or by a surgical specialist. He, therefore, cannot acquire too much experience, within reasonable limits of time, before going out. Service as a house surgeon, or interne, in a good hospital will have given directness, accuracy, and confidence. He should not trust to acquiring technique on the field. To do so would place him at a disadvantage with both patients and

helpers and might result disastrously. An inexperienced doctor in China having undertaken, without adequate help, a severe surgical operation upon a tumor embedded in the tissues of the neck, allowed the patient to come from under the anesthetic in the midst of the operation. The native friends, hearing his groans, rushed in. The sight of blood threw them into a frenzy. The surgeon came near being mobbed, and all that saved him was the presence of a steamer, aboard which he took his patient to a hospital at the nearest port, where the operation was completed.

IV. Problems to be Faced

The difficulties a medical missionary may expect to encounter are legion, but few of them are insuperable. It is well enough, however, to look things squarely in the face—forewarned, forearmed. Some of these difficulties are as follows:

1. Acquirement of the language. This is to be done with inadequate time for study, growing out of unexpected responsibilities and possible exacting domestic duties. A working knowledge of the language is the key to the situation. The medical missionary may rarely lay claim to a thorough mastery of it, but familiarity for daily use is absolutely essential. To do less is to fail at the point of personal contact, or to fall back upon an interpreter. To depend upon the latter is to lean on a broken reed, and to increase the probability of being misunderstood. In the face of every difficulty the language must be acquired.

"During his first year in India, China or elsewhere," writes Dr. Lowe, "the medical missionary ought to devote his chief time and attention to the acquisition of the language. If possible he should reside during that period with an experienced missionary at some distance from the station where he expects eventually

to establish his medical mission, but where the same language is spoken. Unless some such arrangement is made, he will soon find himself burdened with the anxieties of a large practice, which will sadly interfere with his linguistic studies."

This missionary administrator, after years of medical experience in India, is so emphatic that we quote these additional words: "We attach so much importance to the first year being kept almost entirely free for the study of the language that we strongly recommend that his full medical and surgical outfit should not be supplied until he has passed his examinations in the vernacular. Experience proves that if at the close of the first year a good beginning has not been made in the acquisition of the language, after-progress is very slow, and the missionary's usefulness suffers irreparably during his whole future course."[1]

It was with a full appreciation of this very thing that Harold Schofield threw himself, with all the intensity of his purpose, into the task. Here is the record: "After he had been a week in China, he set to work to learn the language, with the determination by God's help to master it and not to 'play at Chinese.' He felt that being a missionary was 'a very real thing,' and that it was to be his 'life's work.' With him there was no thought of turning back. He had made up his mind that his whole life was to be spent among the Chinese in seeking to win them to Jesus."

2. Learning the native view point. The native and the foreigner are at opposite poles in their thinking. They represent different civilizations—the growth of a thousand years of custom, folk lore, habits of thought and of life. Mr. Dan Crawford has summed it all up in the title of his book on Africa, "Thinking

[1] John Lowe, "Medical Missions: Their Place and Power," p. 46.

Black." It might be illustrated by an experience of the writer early in his practice in China. He had prescribed crushed ice for a patient suffering from hemorrhage. To his amazement, on the following day, he was shown a couple of ounces of pounded glass. The glass was intended for the patient, but fortunately the family had awaited the doctor's return to ascertain the exact dose. They were "thinking yellow." In Central China, in those days, they would as readily have thought of giving pounded glass as pounded ice, the sound of the words being similar. Again, patients under the native system have been in the habit of taking medicine a bowlful at a time. One soon learns the danger of prescribing powerful medicines by the drop or by the grain. Turn your back and all goes down at a single dose.

3. Suspicion as to motive. It is almost impossible for the non-Christian to realize and appreciate the motive of the missionary. He may be looked upon as an emissary of a foreign government—one seeking an opportunity to further its political schemes. If even a nominal amount is charged to make the hospital partially self-sustaining, or to prevent pauperizing the people, the doctor is accounted mercenary. He may even be accused of accumulating funds with which to support his family or native countrymen. In Africa the doctor is not infrequently asked for a present in return for taking bitter medicine. If a patient should become delirious the medical missionary may be charged with having bewitched him.

4. Inadequate equipment. This is often a severe handicap. The absence of a hospital, though it be a small one with only a few beds, the lack of sufficient instruments, drugs, bandages, linen, bathing facilities and apparatus for sterilizing purposes, is an embarrassment to the ambitious doctor eager to make the

Outdoor Surgery in Africa
A Tubercular Absess Operation at Inhambane

best of the opportunity. If, in addition, he lacks the assistance of an intelligent nurse or a staff of trained helpers, his efforts are greatly handicapped.

5. The exacting demands of the work—who can define or measure them? The details of medical work, whether in dispensary or hospital, are exhausting, especially where single-handed one must examine and prescribe for fifty or a hundred patients daily. Explanations have to be repeated endlessly, and even then, assistants will commit blunders if left too much to themselves. Heavy responsibility and many demands fall upon the shoulders of the medical missionary. "He must be an executive," writes Dr. Osgood, "handling assistants, cooks and coolies. He must watch and instruct every assistant during the clinic, operations and subsequent nursing of patients. The buying of supplies, the preparation of dressings, the paying out of monies and even the presenting of the Gospel to the thousands of patients, must be under his guidance." In addition, the climate in certain countries is trying, the hours of work long, and rest by day or night constantly interrupted. There is no time for thorough work, and with it all a gnawing consciousness of insufficiency to meet its many and varied demands.

6. Barriers of custom and belief. In Turkey, India and China, women are so secluded through the suspicion and jealousy of their male relatives, and often through their own pride and false modesty, that a male physician if admitted at all may only be permitted to ask questions of an attendant in an adjoining room or on the outside of the curtain while the attendant or patient on the inside makes reply. In China the pulse, in some cases, is supposed to be felt through a red cord tied round the patient's wrist, and passed from behind a screen, or out of the window. Happily, this

method has now almost passed away. In India and in Turkey, not infrequently, the patient's tongue may be seen only through a slit in the veil or in the bedcurtain. Dr. V. Penrose is authority for the statement that "a patient who inadvertently saw and afterwards remarked on the size and color of the doctor's hand, was starved to death by her modest relatives."

This is but an illustration of the triple-plated barriers of alien prejudice, social custom and religious caste, which are well nigh impenetrable to all ordinary agencies. The language of eloquence in the presence of such obstacles is as a sounding brass and a tinkling cymbal. The utterance of a creed and the statement of dogma — these count for little or nothing. But the language of sympathy expressed in terms of devoted and patient service, of willing and joyful sacrifice, of the pouring out of one's life in deeds upon the altar of mercy for love's sake, and for Christ's sake—this language speaks in unmistakable terms to the heart of humanity. Nothing is finally proof against it.

V. Physical Efficiency on the Mission Field

The consideration of missionary health, that of the mission staff and his own, should be a matter of first importance to every medical missionary. There is a close relationship between health and efficiency. Working power is measured in terms of health. Every missionary is necessarily an expensive agent. Years have been spent in preparation for the field. He has gone to large expense and, sometimes, the Board has made an investment in his special equipment. Then there is the matter of salary and the cost of travel to the field. Added to these again is the amount appropriated for rent or for building, and, in the case of teaching or medical work, provision for equipment in books, apparatus and instruments.

From the standpoint of economy alone it is important, therefore, to preserve the health of the missionary. For the sake of his work, moreover, he must make it a matter of conscience and take every reasonable precaution. The longer the missionary remains on the field, the stronger this emphasis becomes. He has begun a life work that should be carried to completion. This may involve educational policies, evangelistic work, translation, building, the training of native helpers and the development of the native church itself. He is also looked up to more and more by the natives who have learned to respect and confide in him as a counsellor and friend.

A break in the continuity of a constructive life and work after eight or ten years on the field is hardly short of a calamity to the mission. In some cases it is irreparable. Men and women cannot be made to order; they have to grow. Leadership is not a thing of a day. It has to be forged upon the anvil with many hard blows, for trying experiences are permitted in order that body, mind and spirit may be tempered for the strain of daily life. To sacrifice a missionary because of preventable conditions on the field is unpardonable.

Boards that have required close scrutiny of health conditions in the candidate at home should demand at the hands of the mission doctor equal carefulness in the case of the missionary abroad. An annual physical examination should be required. This would often forestall troubles and save a return home before the time for furlough comes. Frequent returns on account of health, or from other causes, seriously break the continuity of work and embarrass the Secretaries and the Boards. Furloughs should be regular and long enough for recuperation. The interval between, and the length of time at home, depends upon the field and

the nature of the work. Missionaries in Central Africa are permitted to return in three years. Merchants and officials have even shorter terms.

The missionary while at home should not travel or speak until he has had a few weeks of absolute rest. To plunge into postgraduate study, if he be a medical missionary, or into deputation work in the case of an evangelistic missionary, and to keep it up until the time for return to the field, leaves him fagged and in worse condition than when he came. From too heavy drafts upon his nerve force, he is in even greater danger of breaking down during his second term on the field than during the first. The initial three months at home might well be spent in rest and light study, to be followed by six months of travel and visitation, and the last three in further preparation for the field.

The importance of wholesome food as related to the health of the missionary on the field, cannot be overestimated. The too free use of canned goods should be avoided. And yet in some fields, where native food is indigestible and it is difficult to get the articles of diet to which one has been accustomed at home, there is little alternative. The best rule is to eat sparingly of canned meat and rich food, and to utilize the few things which can be grown by the natives, but to have them cooked or otherwise sterilized. This applies especially to fruits and certain vegetables. One should guard against unripe and over-ripe fruit, particularly in the tropics.

The natives in the interior of Argentina, Uruguay, Rio Grande Do Sul, Brazil, and Mexico, eat large quantities of jerked beef. Meat is sold in Uruguay and Rio Grande "by the yard," having been dried in the sun in long strips. Upon such a diet tape-worm flourishes, and the "tape-worm doctor" carries on a lucrative practice. In many mission fields it is not safe

to drink unboiled and unfiltered water. Every missionary should make a firm rule against the use of unboiled water. In the home the supply of drinking water should be under the immediate personal supervision of the missionary. No native servant should be trusted with this detail. The Chinese for centuries have been tea drinkers. The habit has doubtless saved them from some of the ravages of typhoid fever and dysentery. As it is, these and other diseases growing out of unsanitary conditions claim their victims by the tens of thousands. Shallow wells, frequently sunk through the ruins of old cities, or in the neighborhood of graves, with canals teeming with human and animal life, as in Soochow, China, or in Osaka, Japan, make in absolutely unsafe to use the water without boiling it. This is true, as well, of the tropics. The smaller streams in the forest sections of the Belgian Congo and French Equatorial Africa, are sometimes a deep wine color from organic matter. The writer has marched days at a time in the tropics without drinking anything but the insipid boiled water from his water bottle, or a cup of coffee or tea. The only time he was put out of commission was after drinking water from the upper Congo, when the careless servant had failed to boil it sufficiently.

Flies, dangerous in the homeland, are more deadly in the Orient. Many missionaries have lost their lives, or been invalided home, on account of various forms of enteritis. Usually careful screening of the home—especially the kitchen and dining room—and particular care as to sterility of food and water, when itinerating, will save this waste of life.

The most fatal months in the Northern Sub-Tropics are August and September. With the opening of summer rigid rules should be established and well observed. All raw food should be banished from the

table except such small fruit and vegetables as are raised directly under the eye of the missionary. Practically all native vegetables are fertilized with human excreta and hence abound with the ova of intestinal parasites, as well as with the active germ of dysentery and cholera.

With care, however, and accurate supervision many missionaries are able to furnish their tables safely with raw lettuce, tomatoes, cabbage, etc. But the rule to adopt is that they be banished from June 1st to September 30th, unless they bring with them high class credentials.

Keep the head cool, the feet dry, and the bowels open, is a good rule for the mission field. A pith helmet should be worn for the tropical sun and of sufficient size to protect the nape of the neck. Colored glasses will guard the eyes from the blazing light, and in Syria, Egypt and Mexico, from the glare of streets and blank walls. Where hematuric fever prevails, clothing and bedding should be kept dry,—a very difficult thing in travelling, when perspiration is free and rain a daily occurrence. Many Europeans have lost their lives on long marches from becoming exhausted, overheated, and then chilled in the shade. Attacks of hematuric fever are more frequent with older residents and those who have had repeated attacks of malarial fever without taking sufficient care to break them. It was a marvel that Livingstone escaped, especially after his medicine chest had been stolen. Dr. George Grenfell of the Congo country and many other pioneers have succumbed to this dangerous malady. In nearly every case, however, it must be said that attacks followed the violation of the basic laws of health.

Sleep is nature's restorer and is better than any tonic. No time is to be gained on the mission field by

cutting off the hours that should be given to sleep. The habit of working far into the night is pernicious, and in most cases will shorten life or impair vitality. In sections where the mosquito and the tsetse fly abound, one should sleep under a net, whether by day or by night. The fly appears in the morning and disappears about five in the afternoon, when his place is taken by the mosquito.

Work to the point of mental exhaustion should always be avoided. It produces brain fag. The missionary should keep himself fit. To keep at the highest possible state of efficiency is an aim to be conscientiously attained as far as is possible. Cheerfulness is a stimulus to activity and health. Moods should be avoided. Pessimism sees the hole in the doughnut while optimism "takes the cake." Sociability should be cultivated. On the mission station, one evening a month might well be devoted to a social gathering, when matters in the outside world can be discussed, yarns exchanged, music furnished and refreshments served. It should be a time of complete "let down." To talk shop under such circumstances would be unpardonable. Few men really know how to let go, but all should practice the art. "Physical relaxation is necessary to sustained energy." The strings of a violin can be keyed up to the highest pitch, but if kept tense they will inevitably snap.

The missionary on the station should take a little time daily for recreation and exercise. Even the busy doctor should aim at this. He should also have some side study, such as botany, natural history, folk lore, etc., which should be of sufficient interest to divert his attention for a while from the regular routine. In the tropics, it is the custom to knock off at midday and have a siesta for at least a half hour after the noon meal. It is the part of wisdom to observe this

conscientiously, nervous energy and working force being conserved thereby. Prof. James in his "Psychology" makes the striking observation that "the great thing, in all education, is to make our nervous system our ally instead of our enemy. It is to fund and capitalize our acquisitions, and live at ease upon the interest of the fund."

The medical missionary should take a personal interest in the location of residences on the station with a view to drainage, sunshine and prevailing winds. There should be ample space underneath buildings for ventilation. Ventilators should be large, floors well above ground, and material used that will absorb the least amount of moisture. "No wall should be built without an adequate damp course of some substance impervious to water. This course should be laid in all walls and placed about one foot above the ground level and one foot or more below the first floor level. Good heavy quality of tar roofing paper can be used if granite or slate, or some other impervious stone, is not available." In tropical regions a double roof should be put on with an intervening air space if the materials and the appropriation will allow. This space should be screened from snakes and bats, and the windows from mosquitoes and flies. No better investment can be made than in wire gauze for screening houses and hospital wards. Thorough sewerage should be carried out on the missionary premises, the surface drained, accumulation of garbage and stagnant water avoided, an ample supply of pure water provided for and a war of extermination declared upon insects of all kinds, and also rats and mice. Regular medical inspection of all premises should be insisted upon by the home Board. To exhort the natives about village, community and public health and at the same time to have the mission compound in an unsanitary condition is to

bring a serious reflection upon the sincerity and common honesty of the missionaries themselves, and especially upon the physician in charge.

Regular and periodical inspection of school buildings, dormitories and work shops upon the mission premises should be made by a committee of three, one being the doctor. If this were thoroughly carried out, many an institution would be spared the too frequent outbreaks of typhoid and malarial fevers, dysentery and other troubles, the forestalling of which would prevent suspension of work, loss of life and all the accompanying demoralization and expense.

Great and useful missionaries, as a rule, have been long-lived. This has not been due solely to the survival of the physically strongest. It has been the result of a high purpose, regular habits, a simple diet and sensible precautionary measures, learned by experience, which have enabled them to adjust themselves to the most unfavorable climates and conditions. Illustrations of this will be found in the lives of Moffat of Africa, Fidelia Fiske of the Near East, Scudder of India, Kerr of China, Hepburn of Japan, and Post of Syria. This discussion of missionary health as it relates itself to the duties and work of the medical missionary, has been made in detail because of its tremendous importance in the safeguarding of the lives, and the conservation of the vital forces of those noble and heroic men and women, native and foreign, upon whose shoulders rests the burden of the evangelization of the non-Christian world.

MASTER WORKMEN AND THEIR IMPLEMENTS

"The secret of the finest and the largest work is to keep persistently at one's best."

Henry Churchill King.

"Medical Missions are indeed a grand weapon in the hand of God for removing prejudice, winning the affections of the people and at the same time of directing their minds to Christ."

Dr. Duncan Main.

V

MASTER WORKMEN AND THEIR IMPLEMENTS

At this point we turn to look at the achievements of the medical missionary and the equipment with which his work is done.

I. Achievements of Master Workmen

It has already been pointed out that the medical missionary is essentially a pioneer. He is a pathfinder. Like the Norseman with his pick, he finds a way or makes one. There comes to him the joy of breaking new ground, of sowing seed in virgin soil, and of reaping harvests from fields where the gospel of health and of good cheer has never been presented. It is not the lure of romance that draws him, though the facts are more wonderful than fiction. It is not the "Call of the Wild," though in some fields he cannot escape the thrill of pushing into unexplored regions, of following the trail through jungle grass, of blazing the way through dense forests, of mapping mountains and charting rivers, reducing languages to writing, recording strange diseases and the action of new drugs. It is to open a way through the body to the soul of humanity, and to the heart of the world.

It was Dr. Thomas, whose patient, Krishna Pal, became William Carey's first convert in India; Peter Parker, who opened the Chinese Empire with his lancet; Livingstone, who explored the Dark Continent and probed the open sore of the world; Sims, who helped George Grenfell chart the tributaries of the Congo and made them available for missionary work.

It was Grant, who with his medicine chest scaled the tablelands of Kurdistan; Kerr, who established the first insane asylum in the Far East; Osgood, who put Gray's Anatomy into Chinese; Van Dyck, who translated the Bible into Arabic; Allen, who opened Korea to Protestant Missions; Clara Swain, who penetrated the zenanas of India; Howard King, who captured the *yamens* of China; Pennell, who tamed and won the warlike Afghans, and Loftis, who climbed the roof of Asia and laid down his life for Tibet.

Medical missions have been pioneered by such spirits as these; science built up, literature enriched, museums filled with their contributions; while geographical societies and learned academies have honored themselves by electing them to membership and bestowing upon them their medals. Decorations have been conferred on them by kings and potentates partly because of their achievements, but especially because of their personal character and worth. They have been a moral asset in every country where they have lived and wrought. Millions have been made more accessible through their efforts, by the solution of geographical problems, by the breaking down of caste, by the winning of confidence, and by the creation of facilities for communicating truth. Whole nations and tribes, have been brought, through their skill and diplomacy, within reach of the Church and a Christian civilization, and best of all they have won innumerable trophies for their Lord. The hour has struck for the Church to advance by taking advantage of the achievements of these master workmen that the Kingdom of God may be established in all the earth.

Wherever medical missionaries have gone they have been instrumental in the establishment of local and national hospitals and dispensaries, emergency hos-

pitals at arsenals and in factory centers, institutes for the deaf and dumb and blind, camps for lepers and refugees, more intelligent and effective quarantine, better sewerage, co-operation in stamping out epidemics, relief for the sick poor, circulation of literature and sanitation and health exhibits for the better education both of the people and governing classes. Their membership, irrespective of nationality or creed, in municipal and provincial sanitary boards is a high compliment to their intelligence and devotion. They have made contributions of immense value to the literature of medicine, especially with reference to diseases in tropical and sub-tropical climates. Dr. Barton makes this observation: "In the Schools of Tropical Medicine in London and Liverpool, the reports of medical missionaries in Africa and their observations of African diseases constitute the best and most reliable data upon the subject."

In other spheres they have shown equal intelligence and ability and, being actuated by a distinterested purpose, their influence has been almost unlimited. It was the testimony of an influential Persian, who knew and esteemed Dr. Cochran highly, that he was the greatest diplomat who had ever come to Persia. No one had the influence he exerted over princes and governors. "In all his career it has never been known, in any instance, that his word or request was refused from the Government side."

The editor of the *International Review of Missions* after going over several volumes, speaks emphatically of medical missions as "one of the largest assets of the Church in her worldwide enterprise," and raises the question: "Has the value of this missionary agency been fully utilized, or are its resources still in part unexplored?" Without hesitation we reply that it is one of the most valuable assets; that it has

not been fully utilized; that its resources have never been fully explored. It might be justly termed the neglected arm of the missionary service. The number of medical missionaries is pitifully inadequate. For lack of equipment and trained help the missionary doctor has not had more than half a chance. His success in the face of this has been remarkable. What might he not be able to accomplish in behalf of the evangelization of the world if given a full opportunity, especially in those regions where he is the most potential factor for the restoration and uplift of humanity?

II. Some Notable Examples

Let us now take a brief glance at the careers of a few of these Master Workmen.

The first missionaries to India were Danes. They had medical work at Tranquebar and Madras in 1730-32. Dr. John Thomas, at first a physician in civil life, returned to England and urged the need of a suffering people. He then went back to the field, as medical missionary, with William Carey. For six years Carey labored without a convert. Krishna Pal, a carpenter, was hurt. He was cured by Dr. Thomas, and became the first baptized convert of the English Baptist Mission.

Dr. John Scudder, of New York City, College of Physicians and Surgeons, went out under the American Board in 1819, the call having come to him while attending a woman patient, through the reading of a tract, "The Conversion of the World." His first field was the Island of Ceylon. He afterwards removed to Madras on the mainland. Out of this home and family there came seven sons, two daughters and four grandchildren who gave themselves to work in India.

Gutzlaff was one of the most remarkable of medical pioneers. While interpreter to the British Government

at Hong Kong he prosecuted his studies, extended his practice and continued his explorations, making, from 1831 to 1835, seven journeys along the China coast, at the peril of his life. In his enthusiasm "he even engaged himself as mate on a Chinese junk, and at another time as cook, in order to visit places to which no foreign vessels sailed, and obtain opportunities for making known the truth as it is in Jesus."[1] Dr. Hudson Taylor frequently referred to him as "The grandfather of the China Inland Mission." It was through his representations that the idea of an interdenominational missionary societey for the interior of China was lodged in Taylor's mind. Though not, in the technical sense, a missionary, Gutzlaff lived for one thing only — the extension of the Kingdom of God. To this he devoted his large income, his remarkable powers of mind and body, and all his available time. He wrote and published eight works in no fewer than eight languages, including a translation into the Chinese of the Old and New Testament.[2]

Eight years after Jenner made the discovery of vaccination in 1797, Dr. Alexander Pearson, surgeon of the East India Company, introduced it into the Chinese Empire. His leading assistant prepared a treatise of 100 pages on the subject and in thirty years vaccinated more than a million patients. An ode in praise of the discoverer was written by the Chinese Governor General. Dr. T. H. Colledge, also of the East India Company, was the first to urge "upon the various missionary societies the desirableness of employing medical missionaries."

Dr. Peter Parker, who was sent out by the American Board, had the honor of being the first regularly appointed medical missionary to any field under a Mis-

[1] See Ball's China, published in 1854, pp. 59, 60.
[2] "Hudson Taylor in Early Years," pp. 88, 89.

sionary Society.[1] He opened work in Canton in 1835 and treated over 50,000 patients. Through his influence, in 1838, the Medical Missionary Society of China was organized. He visited Scotland, on his way home, and was instrumental, in 1841, in the organization of the Edinburgh Medical Missionary Society. Dr. John Lowe was its Secretary for years, a man who has rendered an invaluable contribution, not only through his writings, but also by stimulating the extension of the work in many lands.

The hospital which Dr. Parker established continues to be supported by the Medical Missionary Society of Canton, the evangelistic work being conducted under the auspices of the American Presbyterian Mission. Dr. J. G. Kerr, who became a recognized authority upon surgery throughout the world, was in charge of this hospital for many years. The value and influence of his work in Canton, and throughout that section of the Empire, has probably never been surpassed in any land. Some 700,000 patients were treated by him, and his associates, and over 48,000 operations performed. Among these were some 1,300 operations for urinary calculus — an operation which, in those days, was very difficult and dangerous. In addition to all this, most of the textbooks used in teaching his medical students were prepared through his indefatigable energy. He gave forty-four of his best years to service in China; labored for two years among the Chinese in California; trained some 200 medical students; was for years President of the Medical Missionary Society of Canton, and in 1887 was unanimously elected first President of the Medical Missionary Association in China.

It is difficult to say which one admires most, the simple childlike faith of the men and women in the vanguard of a Christian civilization who have been hammer-

[1] Dr. Scudder was not appointed as a medical missionary.

ing at the outworks of Mohammedanism, or the wonderful ability with which the work has been prosecuted under every disadvantage. Dr. Azariah Smith of Yale, who laid down his life at Aintab, in 1851, after great and successful labors in northern Syria, was a man of wide and accurate scholarship and made many valuable contributions to medical journals and to the American Oriental Society. Yet he was a man of humility and beautiful faith. His absolute trust in God is described by a fellow missionary. "If the Lord should tell me," said the doctor, "to take a small hammer and go out and pound with it a great granite rock, I should have nothing to do but to go on till He bade me stop; nor would it belong to me to ask the reason for the command, or to be anxious about results. My whole duty would consist in doing as He required, because He required it." When Dr. Smith arrived at Aintab he found the mind of the native populace greatly inflamed against the Americans. He slowly but surely gained a footing. It was said of him, "Wherever cholera appeared, there Dr. Smith also appeared; and in many a city in Asia Minor, Armenia and Mesopotamia, Moslems and Christians learned to bless the missionary who seemed miraculously to heal." He won their confidence and was considered "the principal instrument in establishing and giving character to the Turkey Mission."

One of the most distinguished pioneers of medical missions was Dr. Asahel Grant, who penetrated hundreds of miles into the interior of Asiatic Turkey and Kurdistan where he was hourly in danger of death by violence. His courage and unselfishness coupled with wonderful skill as an operator, especially upon cataract, won confidence on every side. A writer in the British Quarterly has the following to say concerning this intrepid man: "He was continually

thronged with patients, both Moslems and Christian. Children brought their aged parents, and mothers led their little ones. Those blind with opthalmia were led by the hand. Those relieved from pain kissed his feet, or even his shoes at the door." "Among his patients," adds Dr. Thomas Laurie in the Ely Volume, "were Kurdish chiefs, Georgian princes, Persian nobles, and members of the royal family. In the great peril of his first journey in Kurdistan his fame as a physician had preceded him, and kept him in safety where the life of another could not have been assured for an hour."

In the year 1838, Dr. Robert Reid Kalley, of the Free Church of Scotland, was on his way to China. His wife becoming seriously ill, they landed at Funchal, on the island of Madeira, which had never been occupied by Protestant missionaries. Led there by Providence, the doctor resolved upon opening work. A man of means, he was able to maintain such work outside of his practice. A hospital was opened and medical treatment given free, upon condition that all patients were to be present at nine every morning, when he read the Scriptures and pointed them to Christ. Schools were established over the island, the doctor employing the teachers and furnishing the books. The majority of the Portuguese were illiterate. The people flocked to these night schools. At one time, eight hundred adults were in attendance. They were teachable and grateful. He was everybody's friend, for he visited the prisoners and ministered to the poor. As his reputation grew, the well-to-do sought relief, and, "the municipal authorities tendered him a formal vote of thanks."

One Sabbath morning, two Portuguese, having renounced their former faith, communed at the little Scotch Church. Persecution then broke loose. The

two believers were ex-communicated, the schools were broken up and the teachers imprisoned. In defiance of the treaty granting religious liberty, one of his nurses was dragged to prison. Kalley was seized, tried, condemned and incarcerated for five months under an old law of the Inquisition which had not been enforced for more than two hundred years. He was finally released, but had to flee for his life, with the loss of all his personal effects, including his books, which were burned.

He returned to Scotland for a time, but later visited the island of Malta and then went to Brazil. In both places he started medical and evangelistic work.

His persecuted followers in Madeira, to the number of two hundred and eleven, were driven from their homes, and assembled near the seashore, where they prayed for the coming of a British ship that might bear them away. Their faith was honored. The ship came, and on August 23d, 1846, they sailed away to the island of Trinidad, off the mouth of the Orinoco River. Others followed until nearly one thousand left Madeira. Later there was a migration of some of them from Trinidad to Jacksonville, Illinois, where, to this day, they have a self-supporting church and their own pastor. Their devoted friend and spiritual father visited them there on his way to Brazil where he opened work in Rio de Janeiro. The Emperor, Dom Pedro, being attracted by his personality and medical practice, called upon him in person. It was discussed in the privy council, and determined that Dr. Kalley should be permitted to remain and continue his work.

Out of this came a great central church in the city of Rio, another across the bay, and a third in Pernambuco. One convert, who prospered greatly after his acceptance of Christ, gave $10,000, to meet a like sum from Dr. Kalley, toward building the first Church.

In addition, the doctor supported a number of Bible readers and their families out of his private purse. For years this noble enterprise went on until it rooted itself in the soil and could be cultivated by other hands. Dr. Kalley was a master workman, approved of God — one of the great pioneers of medical missions and of evangelistic work. The American Presbyterian Church, in 1859, entered the field which through him had been so providentially opened, and now counts a membership of 14,000 under a General Assembly. This is not all Dr. Kalley's work, but he blazed the way. Who shall measure the potentiality of one man's devotion to Christ? Who is bold enough to question the providence of God in raising up such a leader, through whose prayers and life moral and spiritual forces have been released for the blessing and uplift of humanity on three islands and two continents?

III. Equipment of Master Workmen

1. If you should visit one of these master workmen and ask to be shown over his "plant," he would probably take you first into his study. There you would find his medical books and journals, and possibly a microscope, and, if dissection is not permitted, some anatomical models. On his table there are the best dictionary and grammar available and a copy of the Scriptures in the native language. The daily reading of the Bible in the vernacular has been recommended as an excellent exercise, and is the best preparation for personal work and chapel service. Then there are account books, ledgers, case records and the card file to be systematically used for entering the names of enquirers, patients, diseases, drugs, new medical terms, proverbs and a growing vocabulary. This file will in a few years contain invaluable information in the most available form for the preparation of reports, articles,

and books; also names and addresses of those who are to be followed up. Upon the walls of the study or office, there will probably be found a few scrolls containing the words of Christ and quotations from the sages of the country.

The true workman is honest and thorough in all that he does. He holds that inferior work is dishonest work. Less than a man's best, in any department of education, science, philanthropy or medicine, is hardly short of a sin. Every man who respects himself and would transfer the integrity of his character and purpose to the material on which he works must be true to the highest and best that is in him. Failing in this, he misrepresents science, civilization and Christianity itself, and with that failure the whole fabric he has endeavored to weave will perish. A man must never cheapen his profession or religious faith. While the life of Dr. Hepburn was given most largely to literary work because of his qualifications and the demands of that period, he did not neglect his daily clinic. And as for diligent and persistent effort continued through nearly half a century, we can find no better description than the following by W. E. Griffis:

"This tireless student rose every day at five o'clock in the morning and in cold weather made his own fire. He worked until breakfast time, which was between seven and eight. Then followed family worship, after which he took a short stroll, then he went into the dispensary, usually for an hour, but sometimes for three or four hours. In addition to the usually crowded front room, there was another back of it, which, besides chairs for the patients who were called in one by one for treatment, was well provided with shelves for medicines and Chinese Bibles and tracts. These latter, in time, gave way to the same blessed messages in easily read Japanese. Returning to his study, he

worked on his dictionary, or his reading in Japanese literature, and, in later days, on his translation or revision of the Bible, until dinner time, at one o'clock. In the afternoons he would take his exercise and attend to the innumerable calls, medical, evangelistic, social, or to multifarious public services. The evening was usually spent in light work, or in fulfilling social demands."

Many of the great medical missionaries, like Dr. Hepburn, have devoted a generous amount of time to literary work. The creation of a literature and the making of books is not primarily the work of the medical missionary, but not unfrequently it has been necessary to take this up as a skilled mechanic stops to invent or fashion his own tools. Besides this, medical missionaries at times have shown such literary ability, or the demand for certain kinds of literary work has been so great, that the Boards have been requested by the Missions to have these doctors set apart for this special task.

Dr. C. V. A. Van Dyck was a graduate of Jefferson Medical College, Philadelphia. Appointed to Syria under the American Board, he mastered the Arabic, wrote books for the schools, ministered to the wounded in the wars of 1840-45, and traveled much with Dr. W. M. Thompson who said that their "station was on horseback." Van Dyck was providentially prepared during seventeen years of study, travel, and medical work for his masterpiece. "He had, and mastered, a whole library of Arabic books, poetry, grammar, rhetoric, logic, history, geography and medicine; had published Arabic books on algebra, geometry, higher mathematics, geography, logic, etc. In the colloquial Arabic he was without an equal." Upon the basis of the work done by Dr. E. Smith, his predecessor, he gave eight years to the translation of the Scriptures.

In addition he was professor in the Medical Department of the Syrian Protestant College, where twelve medical classes graduated under him, worked in the St. John's and the Greek Hospitals and founded the Astronomical Observatory.

Dr. J. C. Thompson, of Canton, has called attention to a number of books and pamphlets on medicine and surgery prepared in Chinese in the early years of medical missionary work. These begin with a treatise on the art of vaccination by Dr. Alexander Pearson, in 1805, two years before Robert Morrison landed. In 1841 a letter was addressed, by Dr. James Legge, to Chinese residents of Malacca, on the subject of cholera. Dr. B. Hobson did much valuable work, and Dr. J. G. Kerr, with his hands already full, prepared and published twenty-two volumes, a number of them text books. One notable contribution was the translation of Gray's Anatomy, published in 1878, by Dr. D. W. Osgood of Foochow, the anatomical plates being cut on blocks of wood.

"Dr. Mary H. Fulton of Canton manages in some mysterious way," writes Dr. Isaac T. Headland, "to spend five hours a day in translation work. Three books are in progress, two of which will soon be published. She has translated: 'Remarkable Answers to Prayer,' 'Diseases of Children,' 'Nursing in Abdominal Surgery,' 'Gynecology,' etc." Since that was written, Dr. Fulton has been set free from other duties for the work of medical translation. Drs. Edkins and Dudgeon also made valuable contributions to this literature, and Dr. John Fryer, now professor of Chinese in the University of California, prepared textbooks on chemistry and physics. Of Dr. P. B. Cousland it has been said that "he was the leading spirit in the largest translation work that has been done in China during the last twenty-five years, and as President

of the China Medical Missionary Association and later chairman of its committee on translation he devoted all his time and splendid ability to this work, being set aside by his Board for translation work alone." In India this line of work has practically been duplicated in the languages of that country, though English is far more extensively used, thus opening a much wider field for the study of medical and scientific literature.

Sir Harry Johnston, who for many years represented the British government in Africa, in emphasizing the huge debt that philologists owe to the labors of missionaries there, reports that nearly two hundred languages and dialects have been reduced to writing and for their acquirement vocabularies, dictionaries and grammars have been prepared. In this achievement medical missionaries have shared. Dr. Elias Riggs of Turkey, mastered several languages, in order that he might be the better able to reach the people. Dr. Sims, an eminent man in his profession, who has worked for many years in an unhealthy section of the Congo, has not only acquired several African languages, but is perfectly at home in French and Italian as well.

The mastery of the language with these great workers has been the key to their knowledge of the people, their viewpoint, social life, philosophy, religion, superstitions and everything, in fact, that gives an insight into human nature, habits and customs, both individual and national. If a physician would seek the deep-seated and obscure causes of disease, especially the roots of nervous troubles, he would often find them embedded in psychic phenomena, which baffle ordinary diagnostic methods, and which can be discovered only by a knowledge of the native tongue. Then the medical missionary should so master the written language as to familiarize himself, as far as

Waiting Crowd in Front of Dispensary in Kodoli, India

possible, with native books on medicine, history, biography, ethics, philosophy, and folk lore.

A veteran missionary out of his personal experience writes: "Were I a new missionary, I would do first things first. I would soon find out that the first of first things is language study; that the Board had not sent me out as a mission's cousellor; that I should not waste energy in trying to correct all that I thought wrong in missionary methods; that the greatest asset of a missionary's life is the gift of the Holy Spirit, and the second is a mastery of the language." All of this effort, on the part of the medical missionary, centers in his study.

2. The dispensary is another necessary part of the missionary doctor's equipment. It prepares the way for the hospital by allaying suspicion and creating confidence. The master workman cannot meet the demand without the one or the other. The dispensary is a means of introducing the gospel to hundreds of villages. It is extensive in its work, while the hospital is intensive. While it lacks continuity of treatment and is not the most satisfactory agency, it ministers to thousands who suffer and who would otherwise be unreached. It attracts the common people and brings them into touch with Christian influences, so that its work is not unimportant and is not to be slurred over. It helps to supply patients for the hospital wards and attendance upon the chapel services during week days and on Sundays. It furnishes a variety of clinical material for the training of assistants and nurses and reaches a class of patients who have not courage as yet to enter a hospital ward.

3. The chapel, in connection with both dispensary and hospital, is an essential part of the working equipment. Here the patients assemble for hours before the clinic begins. They should be made comfortable,

and, if able to read, be given simple and interesting illustrated literature, both to pass away the time and to set them to thinking about health and religion. Illuminated Scripture texts upon the wall and picture scrolls, such as are used in the Sunday School, especially those bringing out the ministry of Jesus to the sick and poor, help to a better understanding and appreciation of Christianity.

A trained native helper for the men and a Bible woman for the other sex, carefully selected for their honesty, sympathy and reliability, can do much to point the waiting patients to Christ. The physician in charge should exercise great caution in the selection of these workers. To employ in this sacred relation those who are tactless, dictatorial or mercenary would be injurious to the last degree and a travesty upon the cause which the missionary represents.

Half an hour before the clinic begins, the doctor may himself occupy the chapel platform and give a simple, direct evangelistic talk, not over fifteen minutes, selecting by preference a parable or the story of one of the miracles of healing. The doctor does not pose as a preacher, but he does realize that he is sent to minister. Like his Great Master he yearns over the sick and suffering. His heart is filled with loving compassion. Men, women and children have come from long distances to one who they believe can help them in a time of need. They do not know Christ, but they do know the doctor. He is touched by the appeal, and is thrilled by the opportunity. Though he may not be eloquent, his message goes home, and many a patient coming from some humble hut in the country or distant village rejoices in the memory of the day when, with the relief to the body, there came restoration of soul.

4. Without a hospital no substantial and permanent

work can be done. It would be better not to begin medical work, in most cases, if such provision cannot ultimately be made. This does not mean that there should necessarily be a large and expensive plant. But, however small, it should be complete in every essential detail. In fact, the missionary physician is much better off to begin with a hospital with a few beds in a temporary structure, or in a building which will be one of several units in the hospital which is to be established. The institution thus may grow with the experience of the doctor who is then more able wisely to direct and administer the work than if he were to be burdened at the first with the heavy responsibility of a large and poorly planned equipment and without an adequate native staff to assist him.

The writer would hardly be willing to repeat what he did in his early medical experience. A Chinese farmer came with an affection of the throat. His wife explained that for two years she had fed him through a small bamboo tube but that now he was scarcely able to swallow. There being neither dispensary nor hospital at the time, he was operated on in the yard, seated upon one of our dining room chairs. Another missionary held his head, and the patient to steady himself grasped the rounds of the chair on each side of him. The tumor, which was malignant, was, after much difficulty, removed, the operation being followed by profuse hemorrhage. Cocaine had not been discovered, no anesthetic could be administered; but the patient heroically held his seat and went through the operation without a groan. He survived a couple of years, but it was his vitality and powers of endurance rather than skilled work that helped to his recovery, even for a time. The Board made it possible a little later to erect a hospital for forty beds.

Dr. H. T. Hodgkin, in his admirable book on medical missions, "The Way of the Good Physician," makes a strong point when he states that "the hospital becomes a far more vital item in the equipment of the doctor abroad than at home." One of the reasons for this is that he encounters the most difficult cases in medical and surgical practice. Patients are often not brought to him until they are given up by the family and the native doctor. In order to deal with these cases, the medical missionary must have an adequate equipment and a competent staff. He can keep up the continuity of treatment in the hospital under his own eye. Upon this much of his success depends. The doctor, moreover, by placing his patients in a hospital ward can ensure the three great essentials of cleanliness, sunlight and fresh air — essentials not to be found in the majority of homes in non-Christian lands. He has a chance to study the case from the standpoint of scientific diagnosis and treatment, physical and psychic. The hospital gives him his best and only opportunity for the clinical training of a staff of assistants and nurses. And, lastly, in the hospital he does his best personal work in leading the patients to Christ.

Not only is an adequate building necessary, but a sufficient appropriation to meet the needs of urgent cases. A shortage in contributions at home and a cut in the appropriation compelled Dr. Joseph Cochran at one time to close a part of his hospital. Here is the note in his journal: "Yesterday five Kurds arrived from the region between Amadia and Mosul. The long and perilous journey has been made, they have been twenty-five days on the way and have reached here with about two dollars in cash. Three of them are very seriously ill. . . . They had heard that this institution received people of all nationalities and

creeds, and that the poor could find treatment as well as the rich. It requires a very stony heart to close the doors to people from such a distance." All he could do was to find a place for them among the Kurds in a neighboring villege, with the request to take them into their mosque, let them beg for their bread from door to door, and come to him for medicine which he would give them free of charge.

We have already remarked that the mission hospitatl is a powerful evangelizing agency, but the fact cannot be too sharply emphasized. In a paper read by Dr. Duncan Main before the China Medical Missionary Association on the best method of presenting Christian truth to patients, he was decidedly of the opinion that it is in the hospital wards and by personal dealing with the patients at the bedside, that the best opportunity offers. He was convinced that this work should be chiefly done by the native evangelists and colporteurs who regularly and systematically visit the wards and thus get in touch with the patients. "The doctors and their assistants, of course, drop a word in season on their daily rounds. . . . but the actual teaching, as a rule, is done by the evangelists, who can do it much better than we can."

Separate services in his hospital are held for men and women, for maternity cases, for children, and for lepers, conducted by different members of the staff. These services are held every evening, except that on Monday night all assemble in the same hall for a magic lantern exhibition, and on Tuesday night for the weekly prayer meeting attended by the members of the staff and all the Christians on the compound. "This meeting," he adds, "I always keep in my own hands. We vary it a good deal and there is nothing stereotyped. The burden of this meeting is the power of godly living, and the power of the Holy Ghost.

The meeting is short and as interesting as we can make it."

This position of Dr. Main's, who has demonstrated his ability as a surgeon and Christian leader, coincides thoroughly with the attitude of Dr. W. J. Wanless, of Miraj, India, who expressed himself recently before the India Medical Missionary Association in almost identical terms. "The evangelistic work of mission hospitals should as a rule be in charge of the medical staff, all of whom should take a definite and active part in the gospel work of the institution." On account of the immense number of villages within reach of large mission hospitals in India he makes the suggestion that an ordained missionary, in addition to the medical staff, should be available for personal work in the institution and for "the visitation of villages within the district from which patients have come, with whom acquaintance and even friendships have been established while in the hospital." He makes the further admirable suggestion that there should be a small library of carefully selected books, and a reading and prayer room, open to any of the patients who during convalescence are able to make use of them.

Not the least important part of evangelistic work is the following up of patients after they leave. It is a most fruitful field, but the lack of workers in mission stations has, as a rule, prevented this from being done systematically. Now that mission churches are becoming well organized and self-supporting it ought to be possible to secure the voluntary services of some reliable and mature Christians, men and women, for both are needed, to carry to the homes the lessons of truth received in the hospital. This should be done in addition to a letter of introduction to the nearest pastor in behalf of every patient interested in the gospel, a copy of the letter with the patient's address

CHURCH GENERAL HOSPITAL, WUCHANG, CHINA

Above — Entrance to Woman's Hospital

Below — Woman's Tubercular Ward

going to the pastor himself. Faithfully and systematically carried out, this would double the effectiveness of the hospital as an evangelistic agency. The suggestion comes from Dr. Main and is worthy of general adoption.

It is remarkable at what a comparatively insignificant outlay medical missionary work is carried on. The cost of maintaining the largest hospital at Canton for an entire year has been the modest sum of $10,000. Even the amount mentioned does not come from home; the budget is provided for by the Chinese Medical Missionary Society. In this hospital and its associated dispensaries, nearly 50,000 patients are treated annually. While the average cost of a bed in a hospital in New York, Kansas City, or San Francisco, is two dollars a day, in Canton or Lucknow it is not more than from twenty-five to thirty-five dollars a year, or less than ten cents a day.

It is the consensus of opinion among medical missionaries that, if possible, something should be paid by patients for treatment, even though it be an insignificant amount. At the same time, it is the policy of every mission hospital not to turn away any one who is too poor to pay the fee. While the total of receipts from out-patients and from those paying a small fee within the wards may not come to much, it does amount to a great deal in an enlarged appreciation of the value of medical help, the creation of self-respect, and the building of character. Patients are often overheard to say that free medicine is poor medicine. People appreciate what they pay for and are then more ready to follow directions. The policy of self-support is carried out in a number of hospitals such as that of the Methodist Episcopal Church, South, at Soochow, China, under the administration of Dr. W. H. Park. In addition to meeting its current

expenses, it has repeatedly bought land for enlargement and put up several buildings for its staff and departmental work.

The American Presbyterian hospital at Miraj, India, under the administration of Dr. W. J. Wanless, is an illustration, in the extent of its work, its growth in self-support, and in the multiplication of its agencies, of what can be accomplished under intelligent and masterful leadership. It has 130 beds, treats over 2,000 in-patients and more than 40,000 out-patients annually and has four branch dispensaries. In twenty-four years, or to the close of 1916, 27,000 in-patients were treated, with a total attendance of three-quarters of a million and over 40,000 operations performed. It has been conducted on such a sound basis that it has been practically self-supporting from the beginning. During the past six years, in addition to current expenses, it has enlarged its plant to the amount of $40,000 from funds raised on the field — mainly the gifts of patients. The work of three hospitals and seven dispensaries in the Western India Mission, are all extensions of the Miraj work and cost the home Church, exclusive of missionaries' salaries, less than $4,000 annually. A physician and a nurse, both Americans, are supported by the hospital.

In an article by Saint Nihal Singh, the Indian writer, he states that " within a radius of 250 miles of Miraj, there are numerous hospitals maintained by the government, most of them under the charge of British physicians; yet so famous is this missionary doctor, that during a recent year he performed twice as many as the total operations performed in all other hospitals within this area." It becomes a matter of both astonishment and of admiration when we sum up in figures alone the personal service rendered by this one medical missionary in twenty-eight years. During that period

Dr. Wanless has performed more than 25,000 surgical operations, of which over 6,000 were for cataract, 900 for stone in the bladder, and 1,800 abdominal operations, including 400 on the stomach, the largest number of any one operator in India for gastric disorders. We are not surprised to learn that "his name has come to be almost worshipped in Hindu and Moslem homes."

The mission hospital in the hands of these master workmen has been a leveler of caste, a builder of brotherhood, an illustration of Christianity in the concrete, a distributing center of good influences, a haven of rest for helpless humanity and not infrequently a bulwark of safety to the missionary or the foreign community in the midst of which it is located. It was said of Dr. Kerr's hospital in Canton, that in protection to the community it was more powerful than a gunboat.

There is a consensus of opinion among experienced medical missionaries that certain things are essential to the efficiency of every mission hospital:

1. Two doctors and a staff of assistants.
2. A woman missionary superintendent who can train nurses.
3. Buildings adapted in structure to ample light and ventilation and in material to cleanliness.
4. An adequate up-to-date equipment.
5. Sufficient current expense funds.
6. High Christian ideals and policy for the home Board and the hospital staff.
7. On the part of the physician in charge, a scientific attitude that is alive to the latest and best things in medicine and a spirit of tactful, Christlike leadership over those associated with him in the work of his hospital.

We could not better close this chapter than with a

brief notice of yet another master workman, a vigorous, masculine, red-blooded missionary, Dr. Theodore L. Pennell, who lived, planned and wrought on the Afghan frontier of India. He built up a medical practice that extended along the mountain trails, into the camps of wild tribes, among soldiers, and in not a few frontier towns, where surgical operations had to be performed in the midst of border forays or as a result of bloody feuds. He established a hospital, founded a boys' school, ran a mission press, preached constantly in the bazaars, where he was several times beaten and stoned, and yet found time somehow to learn Urdu and Pushtu thoroughly, and to acquire a fair working knowledge of Arabic, Persian and Punjabi. His medical activity was equalled by his interest in athletic sports, through which he got a masterful control over the Afghan boys. Cataract being his speciality, he not unfrequently performed a dozen operations during a single day while on the road, a native assistant being left behind in each village to care for the patients while he pushed on. "Each tour was an adventure from beginning to end — all kinds of dangers from desert sands, swollen rivers, mountain trails, warlike chiefs, fanatical Moors and lurking diseases." It was indeed a marvel that he should have been able to maintain himself at such a pace, but he did more than that. We could not more accurately sum up the character and achievements of medical missionaries than by quoting from the introduction to Pennell's life, written by none other than Field-Marshal Earl Roberts himself. When so high an authority on Indian affairs — military, civil and missionary — gives his deliberate opinion, it is well worth recording.

"Dr. Pennell was a man of striking appearance, of commanding personality, and of prepossessing manner. He was quite fearless (he never carried a weapon

of any kind), and he was patient and determined. His aim was to get to understand the people and to be trusted by them; and in this endeavor, living amongst them and mixing freely and fearlessly with them, and by the example of his frugal, self-denying life, he achieved a remarkable measure of success. . . . In one year in the Bannu hospital alone, 34,000 individual cases were dealt with, and 1,655 of these were admitted to the wards. Eighty-six thousand out-patients were visited, and nearly three thousand operations were performed. This enormous amount of work was carried out by only four qualified medical men, two British and two Indian, and one qualified medical woman. These figures will give some idea of the magnitude and importance of the work, for the organization and execution of which Dr. Pennell was mainly responsible."

In commenting upon the life of this eminent physician, who without seeking it, had won for himself such distinction in the Public Service in India, and through his compassionate ministry such a large place in the hearts of the wild Afghans upon the Border, Earl Roberts deems it impossible for any one to read the pages of the book[1] " without being convinced that medical missions are a great power for good in the land and, as to their spiritual influence, I can only say from personal knowledge of their work, that I heartily agree with the Bishop of Lahore who, after a visit of inspection to Bannu, testified to their being 'of immense service in breaking down opposition, softening hearts, making clear to the rough, untamed people of these parts the real meaning and bearing of the gospel message and so preparing the way for its reception.'"

[1] "Pennell of the Afghan Frontier," by Alice M. Pennell.

True greatness is measured by integrity of character, loftiness of ideals, heroism of spirit, and the reach of influence as it affects the individual, the community, the nation, the civilization itself. From this standpoint the master workmen whom we have had under discussion have made and are making a wonderful contribution to the world's good. What college man or woman desiring a highly productive career for God's glory and humanity's gain would not rejoice to be listed among such master workmen as these? The roster is still in the making.

WOMAN'S WORK FOR WOMAN

"There is nothing in the universe that I fear but that I shall not know all my duty, or shall fail to do it."

Mary Lyon.

"Oh, how could I serve in the wards if the hope of the world were a lie?
How could I bear with the sights and the loathsome smells of disease,
But that He said, "Ye do it to me when ye do it to these."

Tennyson.

VI.

WOMAN'S WORK FOR WOMAN

During a visit to the sacred island of Pu-du, off the China coast, we passed a poor woman seeking a double cure, that of a diseased body and a sin-smitten soul. She was measuring her length along the stone pavement from the landing to the most distant temple, three miles and a half away. Seven miles in all, under a blistering sun, before she could return to the boat which brought her, and more than ten days consumed under the self-inflicted penance and for the acquirement of the merit which would make her whole. Alas, for the simple-minded victim of a venal priesthood and a religion of false promises. And that poor creature was the personification of half the womanhood of the world groping blindly for health and salvation.

A Door of Hope swung wide open! A Christly mission of mercy to suffering women and children! How better may one characterize the entrance of women medical missionaries and nurses into the world field of missions? Hope had been long deferred, and "hope deferred maketh the heart sick." Neglected womanhood, sitting in the valley of the shadow of death, might have said, "I water my couch with my tears all the night." True, but "joy cometh in the morning," with the coming of Christ's Gospel of life and good cheer. The morning light is beginning to break upon the darkened womanhood and childhood of the non-Christian world. And some of the brightest gleams of the dawn are rising out of the work of Christian women doctors and nurses for their suffering sisters of other races.

I. The Introduction of Women's Medical Mission Work

It was a romantic incident which made it possible to open medical work for women in India. The Maharani, or wife of a native prince, was nursed by Miss Beilly. Upon recovering, the princess dismissed her attendants and addressed her friend as follows: "You are going to London, and I want you to tell our Queen and the Prince and Princess of Wales what the women in the zenanas of India suffer when they are sick. Will you promise me?" Taking a locket she placed within it a slip of paper, upon which Miss Beilly had written the message, and asked her to present it to Queen Victoria. A prayer was offered by her friend and nurse that the appeal might in some way reach the Throne. The Queen heard of the incident, gave the messenger an audience, and authorized the beginning of a work which later on led to the establishment by Lady Dufferin, wife of the Viceroy of India, of the Dufferin system of hospitals.

Dr. Clara A. Swain, of the Women's Medical College, Philadelphia, enjoys the distinction of being the pioneer of woman's medical missionary work in India, and "the first accredited woman physician ever sent out by any missionary society." She went out in 1869, in company with Miss Isabella Thoburn, under the auspices of the Woman's Missionary Society of the Methodist Episcopal Church, North. Stationed at Bareilly, she began training a class of young Indian women nurses who graduated in 1873, the forerunners of what will one day prove to be a great host. In direct answer to earnest prayer, which inspired the beginnings of all this work, the Nawab of Rampore gave an estate of forty acres adjoining the mission premises, and valued at $50,000, for the establishment of the first hospital for women in India. The Rajah

wrote in the Blue Book that this gift, invested for suffering women, gave him more satisfaction than anything else he had ever done.

To the women of the Chinese Empire, in 1872, came their first medical missionary in the person of Dr. Lucinda L. Combs, of Philadelphia, also sent out under the Methodist Society. She was succeeded in 1877 by Dr. Leonore Howard, afterwards Mrs. King, who was instrumental, with Dr. Kenneth Mackenzie, in the recovery of Lady Li, wife of the great Viceroy, Li Hung Chang. The cure having arrested the attention of the most powerful official in the empire and won his gratitude, stirred officialdom, and gave medical missions a prestige it had never known. The *yamen* was thrown open and thousands of women and children flocked to the doctor with the "wonder-working hand." The mother of the Viceroy was also treated, and made a gift of one thousand dollars for Christian benevolence. A Buddhist temple was placed at the disposal of the doctor for dispensing medicine. The Viceroy's mother would not let Dr. Howard out of her sight. She desired her to live on the premises, heaped costly presents upon her, had the doctor treat her numerous retinue of attendants and put her in medical charge of her regiment of seventy cats.

Dr. Fanny J. Butler, was the first woman medical missionary from Great Britain to India. She went out in 1880, after an examination in Kings and Queens College of Physicians, Dublin, of such excellence that she was informed by a member of the faculty that her paper was the best he had ever had from any candidate. Mrs. Isabella Bird Bishop was inspired by her work on the field to build a hospital. She afterwards wrote: "It was a terrible sight to see the way in which the women pressed upon her at the dispensary door, which was kept by two men outside and another

inside. The crush was so great as sometimes to overpower the men and precipitate the women bodily into the consulting room." The strain upon health and nerves was too great and in nine years after she began her noble work, the tender hearted doctor succumbed. Her helpers begged the privilege of bearing her body to the grave, saying, " We have eaten her salt, and no other arms must bear her."

It does not require a second reading of the story of the life and ministry of Jesus Christ to realize the drain upon his sympathy and nerve force. It was constant and exhausting. The throngs pressed upon Him from morning until night, laying their sick at His feet. Often He had not so much as leisure to eat. The burden of afflicted and distressed humanity was upon His heart and shoulders. " Himself took our infirmities and bore our sicknesses." Dr. Butler ministering to the women of India followed the example of the first Medical Missionary and entered into the fellowship of His suffering and theirs.

Many other women medical missionaries have pressed out into the needy fields and have added new luster to the records of their predecessors. Among them are Dr. Mary W. Niles and Dr. Mary H. Fulton of the Woman's Hospital at Canton, an institution which not only is self-supporting, but in which students and faculty are all earnest Christians. In 1890 Dr. Niles opened the first school for blind girls, seventy of them having been turned over to her by the Chinese authorities. By her skill she had been the means of saving the life of one of the wives of the Viceroy of Canton province. To show his appreciation he placed at her disposal a large sum of money with which to begin the school. It is one of many proofs that the Chinese are capable of the most generous impulses, as well as of sincere gratitude.

Another out of many illustrious medical women who might be mentioned as following in the path of great pioneers like Doctors Swain and Combs was Dr. Elizabeth Reifsnyder, of the Women's Union Medical Society of Philadelphia. She was perhaps the first woman in Central China to operate upon an ovarian tumor. It weighed fifty pounds, over half as much as the patient. The following day, the Chinese paper in Shanghai appeared with a long editorial in praise of the surgeon and her skill. Accompanying it was a picture, drawn from the imagination of the native artist, which represented the patient as lying in state upon a high and beautifully canopied bedstead. The doctor stood by the bedside with one foot resting upon a high stool, and in her right hand a sword which she was waving aloft and with which, at one fell swoop, she was to remove the tumor. It was some distance from the actual facts, but the mind of the average native was tremendously impressed, especially as the patient made a good recovery.

II. The Claims of Medical Missionary Work for Women

A work of this kind presents very commanding claims. We mention three of these.

1. Because of the nature of the task. It comes straight from God and is worthy of all one's powers. Going to such a task, therefore, the doctor or the nurse may confidently expect the power of God. He has promised it, and He is faithful. It keeps the sense of vocation alive, for it is God's call. That sense may die out at home from the insidious influences of personal amhition, professionalism, and the commercial spirit. On the field it deepens, grows, and becomes the very soul of missions. The task which bids one seek the place where suffering is greatest and in which

the power to relieve grows into the obligation to serve, appeals to the heroic and satisfies the noblest aspirations. It impels the missionary doctor to tread in the footsteps of the Great Healer, and in doing so touches the springs of mercy, inspires the grace of confident patience, leads to masterfulness of faith and deepens that prayer life which brings an increasing sense of the presence of God.

2. Because of the depth of the need. The need is as deep and as acute as the sufferings of neglected humanity can very well be. Mrs. Isabella Bird Bishop, the world traveler, began her journeys indifferent to, and almost sceptical of, the utility and power of foreign missions. Dr. Arthur Smith, in "Rex Christus," remarks that by being an eye witness of the ministries and results of the medical missions she became "an ardent believer in their saving power, and was led to build five hospitals and an orphanage in the East." How could she do otherwise when she had the opportunity to see and the ability to give? While in China, the more she frequented daily clinics in hospital and dispensary, the more profound was her admiration for the physician who left home and friends for Christ's sake. "To her comes the little slave girl almost murdered, the childless wife whose husband is about to discard her, the thirteen-year-old daughter-in-law whose mother-in-law has beaten her eye out, and the child with poor little crushed feet, inflamed and suppurating with decaying bones, appealing to her from the cruel bandages."

In India women suffer, if anything, even more than in China. A large proportion of them live a confined life by being kept in strict seclusion in zenana or harem. The Hindu is convinced that woman has been created inferior in nature to man. He believes "in the sanctity of the cow and in the depravity of woman." She is,

according to his creed, made for man's sole proprietorship and enjoyment. In infancy she is neglected, if not denied the right to live; in girlhood betrothed and married without her will, or sold into a life of shame. If fortunate enough to bear children, she not only suffers the pangs of nature, but endures what is worse at the hands of the ignorant and meddlesome midwife. If widowed and childless she becomes a subject of contempt and scorn, and throughout life is made a drudge. If she falls ill, "prejudices and custom banish medical aid altogether. Woman is taught that she is unworthy of confidence and a slave of passion, a great whirlpool of suspicion, a dwelling place of vices, full of deceits, a hindrance in the way of heaven, the very gate of hell."

The above description is, of course, not universally true for many a Hindu wife is devotedly loved by her husband; but, alas, it is prevailingly true.

It was in India that I was brought to a sudden realization of the ignoble place accorded to woman in non-Christian lands. Our train had come to a standstill at a wayside station. A tap at my window by the British guard aroused me from sleep. In low but excited tones he explained that a passenger was ill and needed the assistance of a physician. Dressing hastily, I followed him to the woman's car and found a half dozen native women in the far end gesticulating wildly. Upon my left, stretched upon a hard bench, was a mere child who had just become a mother, while beside her, weeping hysterically, was her mother, who seemed utterly helpless.

The nearest hospital was thirty miles away. Advising the guard to telegraph for help and to push on, I turned my attention to the young mother and her baby. Upon reaching our destination a stretcher had been brought, but when the bearers discovered the sex

of the patient, and that she was of a different caste, they absolutely refused to touch her. In vain I appealed to them through my servant and interpreter. They were men and she was a woman, they were high caste and she was low. The appeal fell dead at the feet of those tall swarthy turbaned fellows. I turned to my interpreter. "You are a Mohammedan. You surely will help me carry this woman to the platform." He drew himself up with great dignity and an unmistakable look of scorn and retorted, "True, I am a Mohammedan, but if I touched her I would be unclean for a month!" He was forthwith ordered out of the car. The guard approached. I appealed to him as an Englishman and a Christian. No argument was needed. Cheerfully he slipped his strong arms under the patient and helped to bear her to the cot. As the locomotive whistled, the mother of the child-wife threw herself upon her knees and tried to articulate her thanks. We shot out into the night once more, and I realized the failure of a man-made religion, and caught a new vision of the beauty of Christianity which teaches the mission of the strong to the weak, makes sacred the very name of wife and mother, and ennobles womanhood the world over.

The need in Latin America, too, is very great. Far away in the mountains of Mexico southeast of the section occupied by the fierce Yaquis, there lies a beautiful valley—the home of the Terascan Indians. We enter it on horseback, Dr. G. B. Winton and myself, after several days by rail, canoe and in the saddle. Finding that one of the two visitors is a doctor, the mothers gather about him with their children. In all the years of their lives no physician has come into their midst. Patiently and mutely they have endured their suffering and carried their grief. From morning until night they throng the enclosure. Their

gratitude is touching as they press upon us the little silver trinkets they have fashioned with rude tools out of native ore. Their appeal to return quickly takes the heart out of us. Are they not ready, waiting and eager for the message? One medical missionary with the gospel story would be the key to that fair valley. Ten years have come and gone, and still those Terascan Indians wait. And many another section of the southern republics is waiting too.

Up and down the vast dark stretches of Africa the women and children are waiting. For all the pain and sickness of the dark continent, the men doctors are pitifully few, and the women doctors a mere handful. Often missionaries with little or no medical training are compelled to respond to an emergency call for a doctor, for in Africa the unexpected always happens. No field requires more initiative, courage and common sense. There was a quiet little woman of sixty, who had spent thirty years of missionary service in the Belgian Congo. While travelling with her and her husband, the writer stumbled upon the following incident in her life. An elephant hunter had swung himself into a tree to get a shot. His gun exploded, tearing off his hand. Mud and leaves were plastered on the mutilated wrist by his comrades, but within a week they brought him to the station more dead than alive. Our heroine was not even a trained nurse. She had some experience, however, in caring for the sick, and was blessed with an abundance of grit and sense. She stripped off the wrappings and found the forearm in a state of gangrene. Her husband was informed that the arm would have to be amputated. He replied in dismay that he was no surgeon. She insisted that they must jointly perform the operation, brought the carving knife and wood saw, showed him where to cut the tissues and how to make a flap. She tied the arteries,

sprinkled the wound with iodoform and dressed it. The man recovered and still hunts elephants. She had the stuff for a medical missionary—initiative, courage and self-reliance. Such material is abundant, but awaits discovery. Add to these efficiency in service which comes from training, and a sense of the urgency of a God-given task, and many a modest woman will be inspired to great deeds and a life of heroic service. Woman has the capacity. What she needs is a realization of duty, thorough training and a field.

Miserable, beyond the power of language to describe it, is the physical condition of womanhood in Persia, Egypt, Syria, Arabia and the other Mohammedan lands of the world. Neglected, degraded, limited, woman moves about in her little circle under the tyranny of Islam and none can tell the horrors of what she suffers from child-marriage, polygamy and unlimited divorce. Disease among them is plenteous, but the laborers are few.

So we might go from field to field through the mission world and always it would be the same sad story of desperate need. Nor would we find any native sources of relief that can greatly mitigate the distress. All that was said in an earlier chapter about the sufferings resulting from native malpractice, quackery, witchcraft, and superstition in reference to men applies with double force to women and little children. Two illustrations may be given of these crude theories and cruel practices, both of them relating to psychopathic troubles.

Dr. Christie tells of a sad case in his experience in Manchuria where "madness, epilepsy, and extreme hysteria are usually regarded as being caused by devil possession. Without any inquiry into the origin of the condition, most cruel methods are resorted to in order to drive out the evil spirit, such as forcing the

Maternity Ward of the McLeod Hospital, Inuvil, Ceylon

patient to stand on red hot iron, and there is always a severe and merciless beating. A girl of seventeen was brought to me, evidently a case of extreme hysteria. The witch doctors, after trying several cruel methods without success, had finally thrust a red hot poker down her throat to expel the demon. The girl died shortly afterwards."[1]

The other illustration is also from China. During a journey along the Great Wall, as it stretches its length between China and Mongolia, I met two young men, gun in hand, hunting a fox. They were deeply intent upon the chase, and wore an air of grave anxiety. Questions led to the explanation. Their mother had suddenly lost her mind. Discovering this upon their return from the field, they had reached the conclusion that she had been bewitched. She claimed that she had seen a fox upon the window sill. He must have been there because a bowl of water standing in the window had been overturned. With a single glance he had woven a spell over her spirit. She could not think clearly, nor go about her daily duties. Her sons consulted a soothsayer. He advised them to catch the particular fox, search for a red hair in the middle of his forehead, pull it out, turn him loose and the mother would recover. We endeavored to dispel their fears, but without avail. They shouldered their guns and resumed the search.

As accentuating the need of woman doctors throughout the mission world, it should be borne in mind that in many non-Christian lands such as China, India and Mohammedan countries, men physicians have no access whatever to the bedside of the majority of women sufferers.

The women who are trying to relieve this acute and

[1] Christie, "Thirty Years in Moukden," p. 38.

stupendous need on the mission field are but a drop in the bucket compared with the thousands of doctors and nurses who remain at home. If, in addition, we throw into the scale the desperate need of the millions who are yet unreached, there can be no comparison between the available sources of supply at home and abroad. In all China—nay, in all Asia—there are fewer women physicians than there are in New York City or in London; and as for nurses, the staff of one military hospital in France during the war would outnumber them all.

3. Because of the immense fruitage. Neither language nor figures can set forth the results in suffering relieved, lives repaired, communities made clean and healthy. But greater still have been the religious fruits from the ministry of healing. To all that has been said above on this subject, it may be added that the women have been even more responsive than the men.

The value of medical missions in breaking down prejudice and opening the door for the Gospel has often been demonstrated in the case of women patients. Maliza, the Toro Princess, was reached in the early days of the medical mission at Mengo, the capital of Uganda, in Central Africa. She lived at the foot of the snow-capped Ruwenzori. Captured by Mohammedan slave raiders, she had regained her freedom and was making the long journey home through Mengo on foot. Having contracted an affection of the eyes, she visited the *Enyumba Yedagala* (House of Medicine). She recovered and resumed her journey, returning to Toro, her native country. Here she was received with great honor, but at once sought out the missionary, told him of her treatment in Mengo, and said, "I want to learn about a religion which teaches its followers to be as kind as that." When years afterwards Dr. Albert Cook was on a visit to Uganda, he

was told that the King of Toro was then on a visit to the King of Bunyoro, and that his "entourage included this Christian princess. They found her visiting the princesses of Bunyoro, teaching them and doing the work of an evangelist." Once again it happened that the doctor was the hinge upon which the door of opportunity turned.

Although the out-door clinic is not very satisfactory, it gives a rare opportunity for seed-sowing, and is not to be despised. Some of the best converts have been won here. Sakineh, a bigoted Moslem, came repeatedly to get medicine for her aunt, but always tried to leave before chapel was over. She heard enough, however, to touch her heart and began making excuses to return after her aunt had recovered. The following year she was herself a patient having been so abused by her husband that she fell ill. He then divorced her. She was reported to her father as an infidel, and she received a severe beating. In spite of this she joined the Bible class, regularly attended Sunday service, renounced her faith in Islam, and declared her allegiance to Jesus Christ. Systematic boycotting began. She persisted, however, in telling "the glad tidings." She was pelted with mud and stones, and hooted at in the streets as a "Christian dog." "A night or two later she was cruelly beaten by her uncle, and was much bruised and cut, but she was not the least daunted." A mob then surrounded the house and threatened her life. Lowered over the village wall, she fled to the missionaries for protection. Though unnerved she kept on repeating, "I have not denied Christ. I want to live and die a Christian." The Governor demanded her and her little boy. For two years she was not allowed to hold communication with the Mission, but finally being released she had the joy of seeing her mother baptized.

The answers to her prayers were so remarkable that the Christian women were in the habit of saying that when they wanted anything badly, "we ask God to give us one of Sakineh's answers." One such convert is worth all the investment in medical missions. Nay, more. It is a demonstration that Moslem women and the Moslem world can be brought to Christ.

Apart from any words that may be spoken there is always the opportunity in medical work to preach the gospel of love in the concrete terms of friendly service. It has an eloquence that elicits a sure response. The gratitude that is awakened by the sympathetic ministry of women doctors is often touching. At Guntur, India, in connection with the magnificent Lutheran Hospital under the charge of Dr. A. S. Krugler, there is a new inn for the friends of the many patients. It was given by the Rajah in gratitude for the life of his son. The little prince was very ill, and the anxious doctor slept for two weeks on the veranda near his cot. Early one morning she heard footsteps. Listening she saw in the dim light the Rajah bending over the boy and heard the words, "Our Father who art in Heaven." God gave the little son back to life, and the father received it as a token of God's love and yielded his heart to Christ. It is but another illustration of the love that makes it divine to give, and human to receive.

As showing the appreciation of a man for the woman doctor's attention to his wife, we quote two cases given by Mr. Sherwood Eddy which also illustrate the struggle a native Indian may have with the English language.

No. 1 — Cured

"Dear She,

My wife has returned from your hospital cured. Provided males are allowed in your bungalow, I would like to do you

the honor of presenting myself there this afternoon. But I will not try to repay you; vengeance belongeth unto God.

Yours noticeably,"

No. 2 — Dead

"Dear and Fair Madam,

I have much pleasure to inform you that my dearly unfortunate wife will be no longer under your kind treatment, she having left this world for the other on the night of the 27th ultimo. For your help in this matter I shall ever remain grateful.

Yours reverently,"

III. The Training of Native Workers

The need for native women, trained and qualified as physicians and nurses, in China and India, is imperative. We must remember that there are nearly two hundred million women and children in China who have no adequate care for their health, and no intelligent ministry for either body or soul; and in India, notwithstanding the agencies of the British government, the admirable Dufferin hospital system, and missionary effort in all parts of the empire, there are at least another million yet unreached. A more attractive field for service, to be rendered by any American or English woman in the training of native women, could hardly be found.

Dr. Arthur Smith quotes an editorial in the *China Mail* as an unbiased testimony: "Among the present day developments of mission work and general progress there is nothing of more importance than the thorough training of Chinese women in western medicine and surgery. The field for such when properly qualified is practically limitless." The first medical college for women in China was established in 1902 in the city of Canton. In addition to an audience of seven hundred, the Viceroy and other officials were

present or represented by deputation. "A guard of five hundred soldiers lined the streets in the neighborhood to do honor to the occasion. The Woolston Memorial Hospital at Foochow has had for years at its head Dr. Hu King Eng, the daughter of a native minister. She graduated at the Woman's Medical College, Philadelphia. In a single year she has treated over 15,000 patients. In Kukiang, on the Yangtse river, two other Chinese women doctors, Dr. Mary Stone and Dr. Ida Kahn, of the second generation of Christians, and graduates of the University of Michigan, have been conducting eminently successful hospital work. In the same section, and in the city of Nanking, Dr. Tsao, the daughter of a Chinese minister and physician, herself a graduate of medicine from Philadelphia, is carrying on with distinguished ability a hospital under the auspices of the Friends.

Someone may ask the specific reasons for the training of native women on the mission field. They are:

1. The body of women medical missionaries and nurses now on the field is inadequate to reach one in a thousand of those who are in need of their help.

2. The enlisting and qualifying of native workers, even in small numbers, would greatly relieve the already over-burdened medical missionaries.

3. The native woman doctor or nurse, including the trained obstetrical nurse or mid-wife, frequently has access where the foreigner is not welcome, or is not admitted at all.

4. The few native women who have qualified in England, in the United States, or in their own country, have shown great skill in private practice and marked ability in the superintendency of hospitals. They have large capacity for leadership. Several of these are at the head of important institutions under missionary or government auspices.

Dr. Mary Stone and Assistants in Operating Room of Her Hospital (Danforth Memorial), Kinkiang, China

5. The heavy expense of sending students to Great Britain, Canada or the United States and training them there for five or six years, precludes the possibility of any large number ever preparing in these countries for medical work.

6. Education on the field also prevents that tendency to denationalization which is so serious an objection to students going too young and spending too much time abroad. Postgraduate work abroad, for mature men and women only, is, of course, not open to this objection.

7. If the Mission Boards and their representatives do not undertake this training work, it will be taken up at a later date by the native governments. It will then be done under conditions unfavorable to the highest moral and religious ideals, and the Church will have lost one of its greatest opportunities and most potential agencies for presenting Christianity in the concrete. It is but just to say that the provision for the education of women practitioners and nurses in India, whether under missionary societies or the government of the country, is forging ahead with rapid strides. A number of the native princes have been very liberal in gifts of lands, buildings, and funds for hospitals and for medical education. The same is true of some high officials in China.

IV. The Trained Nurse in the Mission Field

Florence Nightingale rediscovered the use of the human hand. With her entry into the Crimean War, in 1853, there came a new era in the ministry to the body. After the first century, the hand seemed to have lost its higher and diviner touch. She restored it to its rightful place and mission. She created a new sphere and a new calling for woman. With her establishment of the first Training School for Nurses at

St. Thomas Hospital, London, this ministry was recognized and put upon an enduring basis. The first Nurses Training School in the United States was opened in 1873, Linda Richards being the first graduate and superintendent.

> The world's fingers have never been so gentle as now, because the world's heart has never been so tender. Never have there been so many millions of dollars expended in medicines and comforts, and never has human genius put forth such strenuous efforts to relieve pain, and bring half-dead men back to life again. War beats men down into blood and mire, it tears their flesh and splinters their bone, but the human heart is infinitely pitiful, and what man has marred man also labors to restore. Man is a great destroyer. He is a great saviour too. He is a great hater — and likewise a great lover. The deepest thing in him is his love. . . . The Red Cross is the symbol of the new spirit. It is the prophecy of the world that is to be. When you get sick at heart, pondering the cruelty and heartlessness of the War, then look upon the Red Cross, a flower of Paradise blooming on the field of blood.[1]

The introduction of the trained nurse into the Far East was due to the medical missionary. Dr. John C. Berry of the American Board, in addition to public lectures and the circulation of literature on hygiene and sanitation, began the systematic and scientific training of Japanese women in Okayama and Kyoto, placing great emphasis upon this arm of the service. While it was a new departure, the idea, as Dr. Barton remarks, met with such favor that a member of one of the earlier groups under training was summoned to the imperial palace to nurse the young prince.

With the growing number of patients, and the increased willingness of native people to receive treatment, the skilled help of nurses is urgently required in mission lands. We may take two fields by way of illustration. The demand in Persia is strongly empha-

[1] Jefferson, "What the War is Teaching," p. 85.

sized by Dr. White of that field who states that in his own Society, under which there are ninety hospitals and dispensaries and 87 doctors, there are only 67 nurses. Twenty fewer nurses than doctors! At home every doctor in charge of an institution must have a staff of nurses. Here are twenty-three hospitals and dispensaries without a nurse, and in a field of desperate need. Who shall say how desperate since the beginning of the war with its sick and overborne refugees, its wounded, and the slaughter and mutilation of innocents in Armenia and in Syria. Dr. White adds, "The nurse has an immense sphere of influence—all kinds of men, from princes to brigands, coming to the hospital, and the object lesson of the nurse's life is often the strongest proof to them of the love of God."

The demand in Latin America for nurses is almost as urgent as in the Eastern fields. There are skilled physicians and surgeons in the great cities of Rio de Janeiro, Buenos Ayres, and Santiago. These are the peers of any in the profession—men educated in Paris, Berlin and Vienna, but they are the few. The wealthy and the well-to-do middle class have almost a monopoly of their services. The condition of the women of the lowest classes is pitiful indeed. Disease and dirt, neglect and misery abound, especially in the *largos,* or enclosed courts in the city. They are preyed upon by designing quacks and ignorant charlatans. Trained nurses, who believe in their call to a life mission, could do much to relieve this situation, but trained nurses are scarcely to be found in those cities. The nursing in the wards of the general hospitals is left to the Sisters of Charity, who, unfortunately, lack training and efficiency. And amid all the physical suffering of women and children outside the great cities, trained nurses are conspicuously absent. Of women practitioners there are none.

We have spoken of Persia and Latin America merely as typical fields. The need for trained nurses is quite as great in most of the mission areas of the world.

What was said above of the appreciation and gratitude with which the work of women doctors is received in non-Christian lands is equally true of nurses. There are exceptions of course. Miss Barnes tells of a poor woman suffering from pneumonia, who was being carefully nursed in St. Mary's hospital at Tarn Taren. Before morning the mother-in-law, mad with jealousy and declaring that the patient was being poisoned, stole to the bedside of the sick woman. Stripping off her clothing, she dragged her out and dropped her by the tank to die, while she spread the report that Sahiba, the woman doctor, had poisoned her daughter-in-law.

But such cases are rare. A grateful response to the ministry of the nurse is the rule. After the great plague of 1897 in India, Miss Rachel Piggott received a letter from the Indian authorities, which ran as follows: "On behalf of the Hindu Panchayat, I beg to tender you our warmest thanks for the voluntary help you so freely rendered in nursing patients in the Plague Hospital at a critical time and at great personal risk. Such noble, unselfish work is always blessed and it is a privilege to express our gratitude to you for the important part you have taken in saving human life."[1]

This statement recalls the terrible yellow fever epidemic in Brazil, a number of years ago, which ravaged the towns in the interior and especially the city of Ribeirao Preto on the fringe of the great coffee district. Every house had its victim. There were no

[1] Irene H. Barnes, "Between Life and Death," p. 81.

nurses and the Brazilian doctors were unable to cope with the situation without help. They came to Miss Willie Bowman and Miss Ada Stewart of the Methodist Mission, and asked if they would not take charge of the hospital. While they were not immune and had no experience as trained nurses, they felt it impossible to deny the request. With their own hands they nursed nearly one thousand patients, and came out of it unscathed. To this day, the memory of these two heroic women is enshrined in the hearts of Roman Catholic and Protestant people alike, and they have won for Christianity of the sacrificial type an abiding place in all that section of Brazil.

The personal qualifications of a trained nurse are admirably set forth by a woman of large experience. They are "a sound, wholesome character, even disposition, and a genial, helpful spirit. Culture and refinement shown in dignity and courtesy of manner, tasteful dress, correct speech, agreeable voice and freedom from objectionable mannerisms; friendliness and tact in dealing with people, combined with a reasonable degree of firmness and decision, and a healthy sense of humor; enthusiasm, vigor and resourcefulness in planning and carrying on one's work, combined with systematic and orderly habits and good staying qualities. A keen, well-balanced, well-ordered mind combined with a real love for students and a strong desire to help others to enjoy and profit by the knowledge to be given."[1]

To the foregoing, which applies to missionary nurses and nurse superintendents who are to train others, I would add: a high purpose, a clean life, good health, cheerfulness, obedience to authority, a willingness to work and the fear of God. What more can we ask? And yet, these are not impossible requirements.

[1] Isabella Stewart, in the American Journal of Nursing, January, 1917.

The trials of a trained nurse on the foreign field are more numerous and annoying than at home. For example, the inability to get patients to understand and follow directions; constitutional objections to cleanliness, as in those lands where a bath is "an almost unknown luxury or an annual ceremony"; the handling of vermin infested cotton-padded clothing. Then there is the fear of fresh air, sick rooms in India and in China as a rule being kept close and stuffy. Even in stifling equatorial heat the African will almost hermetically seal up his hut and croon over the fire on the dirt floor. Moreover, one often meets an aversion, because of superstition or religious scruples, to using certain articles of diet, such as beef or mutton broth, cow's milk and eggs, and just as often a readiness to eat the most indigestible substances, such as unripe melons, hard pears and green plums. In most non-Christian lands contagion is not feared, and the natives, therefore, disregard the necessity of quarantine. Rest and immobility for a broken limb are ignored, while the presence of officious friends and relatives, with their noisy talking, attempts at smoking in wards, and the surreptitious introduction of prohibited articles of food, increase the wear and tear upon one's nerves.

The following is true to every day occurrence in the experience of some missionary nurses:

> The patients who have been supplied with new beds and bedding are found in the morning to have moved on to the floor, the medicine is taken by the wrong person, or applied inwardly instead of outwardly, or several days' supply is consumed at one gulp. The bandage that has relieved pain on a suppurating leg is removed, and applied in place of an aseptic dressing to a clean wound, or even to the eye, causing total blindness. The clinical thermometer is supposed to have some curative value, and is crunched to powder and swallowed; an emergency operation must be performed in the midst of indescribable filth with men, women and children

Korean Nurses and Patient
Before the Operation and Ten Days After

crowding around, not to mention dogs and cats and small things innumerable.[1]

The field of work is almost unlimited. In pagan lands more than in Christian communities there is deficient vitality, blindness, deafness, old ulcers, latent tuberculosis, neurasthenia, and almost innumerable troubles growing out of ignorance and secret vice and the lack of care and nourishment, especially in regard to children. The alert visiting nurse, and there should be one for district work to every hospital, can be invaluable in the control of quarantine in epidemics, in the education of the community, in the disinfection of homes, in making reports to the hospital staff or to local health boards, now beginning to be organized in India and in China; and in "the follow up," so essential to the complete success of dispensary and hospital work.

The majority of cases of cholera infantum are said to be directly due to the visit of the house fly from the cesspool or garbage pile to the food of the children. It is estimated that seventy-five per cent of those living in Christian countries need instruction in ventilation, dietetics, screening and drainage, and of the care of milk and meat supply. If this is true of civilized countries, how much more in those lands where illiteracy and ignorance are entrenched and where Christianity must make a stand for physical health as well as for moral vigor, for the two are bound up together.

Surpassing all that has been said above of the great service which the trained nurse may render in the mission field is the opportunity that comes to many to develop native nurses. It means nothing less in some sections than the creating of the nursing profession amid the suffering of a vast population. What better

[1] Elma K. Paget, "The Claim of Suffering," Chapter IV.

chance is there anywhere for a trained devoted woman to do an uplifting thing for humanity?

V. The Motive and the Call

What motive save that of love could be sufficient to propel the life of a woman doctor or nurse into the mission field and maintain it there through a long stretch of trying years as a vigorous instrument of Christian redemption? How dynamic and far-reaching a motive it is! Who can measure its ingenuity and resourcefulness? It concerns itself about one single life and echoes the sentiment of Miss Laura Haygood who left a great educational work in Atlanta, Georgia, to spend herself in behalf of China's women and children—"Wherever there is a soul without Christ there is my mission field." Or it lavishes its wealth upon the heart of humanity with the spirit of Mary Lyon, of Mount Holyoke, and sends out Christian teachers into many fields, with the motto, "Go where you are needed most." Such love as this knows no limitations, but must have an objective. "It is forever revealing new powers and creating new situations," and then it busies itself finding ways and means to exercise those powers. With love as an impelling force, "the moral life of the spiritual man has no terminus; there is no known point at which he can say, 'I have attained.'" It is here that human life is reaching ever upward into the infinite for grace and enthusiasm, and then, seeking its objective, begins, with divine compassion, to reach downward to kindle the first of new and tender ministries to the bodies and the souls of men.

The call to a life-work, whether that of a medical missionary or trained nurse, is it only an urgent sense of need, a desire to help, or a feeling of fitness or of responsibility? It is not any one of these. It includes them all but goes far beyond. It is a vocation—one

which comes through a sense of personal obligation for a woman to place her life where God wills, and where Christ can use it with all its powers. Such a life can then "sound forth the deep notes of self-fulfillment," for it is tuned to "the unseen and the infinite by the constant pressure of profound motive." The most direct way, therefore, of meeting the call and of achieving self-fulfillment is to give Christ an opportunity for expression in the service of humanity. We are, in other words, saved to serve.

If great artists and sculptors like Leonardo da Vinci and Michael Angelo, have "succeeded in idealizing the human form as a vehicle of grace and truth, of noblest thoughts and tenderest sympathies," is there not a larger and a nobler Christ to be discovered to men and to be reincarnated in their lives? Jesus has been spoken of as the greatest artist of living. Then shall we not also be artists? Is this not our aim? Is this not worth working for? Surely the missionary doctor and the nurse who would restore pristine health and the true and the beautiful to the human body and to the human life will find not men and women simply, but what Christ represented—humanity and divinity—the child of man and the child of God.

To sum up, why should a young woman who is free to go abroad choose this work rather than a life work at home? Because of the few who can go, because of the bigness of the task, the depth of the need, the abundance of the fruitage, and the obligation to help those who need us most; and not least of all, because in ministering to those who suffer, one may minister to Him who bore the burdens of humanity and was acquainted with its griefs.

The demand, on account of the depletion of the staff of medical practitioners during the years of the great war, is now more than urgent—it is acute. The

dictates of necessity and of wisdom require that preparation be begun at once, since such preparation must cover several years. The women of China and India need you. Christ needs you in these and other fields now. Will you volunteer?

THE CHALLENGE

"The prayer that has been mine for twenty years, that I might be permitted in some way or at some time to do something to alleviate human suffering, has been granted!"

Dr. Walter Reed.

"Away with the faithless plea, which cannot abide the light:
Be wholly for Christ, and He will teach thee to speak aright,
His love shall supply the power, the measure, the mode, the theme;
Thou hast but the present hour, oh, spend every breath for Him."

Dr. Harold Schofield.

VII

THE CHALLENGE

The field of medical missions is a challenge to noble and unsparing endeavor. The life of the medical missionary when devoted to the extension of the Kingdom of God, has, in a special manner, the divine approval. The ministry of mercy was so wrought into the life of Jesus Christ and his disciples that we must conclude it to be an integral part of the divine purpose and program. Of all the agencies and methods employed by the Church, in her endeavor to evangelize the world, there is none more Christlike than this. Following His example, it at once puts itself in sympathetic touch with the body and carries restorative power to the soul.

Here is a challenge to the young men and women of our schools and colleges—those who can throw themselves with purpose and enthusiasm into a great enterprise. It must appeal, and it does appeal, to young life especially, because of its element of heroic service, and because the students of this decade have come to the hour when God and humanity need that service most. It is an hour for diligent preparation, efficiency, skill, and vigorous initiative to the limit of strength and capacity. At no time in the history of our race have the words of Carlyle been more appropriate: "Produce! Produce! Were it but the pitifulest, infinitesimal fraction of a problem, produce it, in God's name! 'Tis the utmost thou hast in these; out with it then. Up! Up!"

It is to the Christian physician that the challenge comes to enter the world's arena and grapple with the

ills and misfortunes of humanity; to explore the fields and to supply the forces which can remedy those ills; and to help his ministerial and educational colleagues in creating a new social and religious order. Let us consider in this chapter the nature of this challenge to medical missionary work, as it comes to us from three lines of approach.

I. The Challenge of the Changing World Order

A changing world order constitutes a challenge to Christian leadership. The medical missionary has had a real share in the laying of foundations and in the shaping of events in the past; how much greater will be his share in the reconstruction period of the future? We are facing a situation the potentiality of which no man can measure. With all Europe in the melting pot, social and political turmoil in the Near East, industrial and religious upheavals in the Far East, and with a larger interpretation of life and of service, we are on the threshold of a new era in the world's history—one which should prove a renascence of greater reach and significance than that which preceded the Reformation. It remains with us to make it such. If Paul and his medical companion planned their journeys with the outline of the Roman Empire and its provinces before them, shall we not lay out our program with our eyes upon the map of the world?

With the discovery of the individual—a discovery of Christianity—there has been a steady growth not only in the spirit of nationalism but also in a world consciousness which tends to a realization of the brotherhood of the race. Neighborhood already has come as between all regions wherein men dwell. Distance is disappearing. And brotherhood should follow after neighborhood. But the sense of brotherhood does not prevail till the spirit of Christ is felt in the neighbor-

hood. The barriers of custom and caste give way before that spirit; but without it there will be neighborhood without neighborliness and friction and strife will multiply. It is a time, therefore, for a new effort on the part of all Christians to interpret Christ to the nations in terms of unselfish brotherly service. And in no way can this interpretation more adequately be made than through the medium of medical missions.

As indicating the significance of the rapid changes in the world situation which now challenges the full strength of Christianity, we may point out the new accessibility of many parts of the world to missionary effort. The development of means of communication is not the main reason for this, as religious bigotry and governmental restrictions have been greater barriers than physical difficulties in the pioneering of new mission fields. But these barriers are giving way. Peru has been granted religious liberty and in other parts of Latin America there are many recent signs of similar freedom being granted. The Mohammedan populations of the world, yesterday so bigoted and so fiercely intolerant of Christian efforts among them, are now showing an interest in the Christian message that is truly remarkable. The European governments in control of Africa will probably be more tolerant of aggressive Christian work than they were before the war. It is highly significant that international labor has taken its stand before the Peace Conference as favoring full religious liberty in every land. So far as medical missions are concerned, it is doubtless to them that the hand of welcome will first be extended.

Coupled with these significant facts is the possibility of new centers of missionary strategy being added to those already occupied. Bagdad, on the Tigris, the key to Mesopotamia and the region from the Persian Gulf to the Black Sea, already a center for medical

missionary work, may well become a reinforcing point for an advance in the near future. Moscow, the heart and religious center of all the Russias, may be the point of departure for a leavening process east and west of the Ural Mountains in the Trans-Caspian region, and on until the nomadic hordes, that wander upon the roof of Asia, are reached. Jerusalem, the religious Mecca of the world, where Cross and Crescent meet, bisecting a base line running along the Mediterranean from Egypt upon the south to Asia Minor upon the north, and the geographical and distributing center of Syria, Armenia, and the Near East, will doubtless become the headquarters of the Christian evangelistic forces, philanthropic agencies and medical relief in all that quarter of the globe.

A peculiar challenge rises out of the enhanced possibility of securing in the lands of the East a strong native leadership for its Christian life. The wide spread of education, the emancipation of woman in all the Orient and the great evangelistic movements among the educated classes in China, Japan and India where thousands have indicated their willingness to accept Jesus Christ are factors which enter into this opportunity, an opportunity which is, to say the least, as true of medical as of evangelistic or educational work. Ultimately the physical and spiritual redemption of every mission land will rest with her own sons and daughters rather than with foreigners; and in these years of upheaval and rapid change in the nations of the East no more alluring invitation comes to the Christian West than that of calling out and training large numbers of gifted, devoted young men and women who will be the leaders of the Christian Church in those lands. A special encouragement along this line comes to medical work, because the government recognition of mission hospitals and medical schools

in Japan, India and other countries, accompanied by princely gifts to their work.

Lack of space forbids our surveying the profound and significant changes of a social and economic character that offer a striking challenge to Christian loyalty and service. These are the days of plasticity. The new standards and ideals and institutions that will determine the physical health and opportunity and the whole manner of life of great nations in days to come are now in process of formation. How important that the liberating, transforming touch of Christ should be laid upon them!

Mention may be made, however, of the rapid industrial developments now in process in the countries of the Orient. Of this Japan offers the most conspicuous illustration. While the population of Japan increased twenty-five per cent between 1880 and 1916, the population of her five large industrial centers increased 325 per cent. In thirteen years the population of Tokyo increased twenty-nine per cent, but its suburbs, occupied by factories, increased 415 per cent during that period. In 1883, there were only 125 factories in the whole empire, with a total of 15,000 operatives. By the year 1916, these had grown to 20,000, with 1,000,000 operatives. The Japan *Weekly Mail* is responsible for the statement that in 1914 there were 471,877 women and children employed in these factories, 22 per cent of the latter being under fourteen. Many were working fifteen hours a day. The majority of these came from the agricultural class, as in other lands. The consequences have been detachment from home, weakening of moral restraints, child labor, unsanitary conditions, physical deterioration, tuberculosis and immorality.[1] Government regulations, if

[1] Although the new industrial conditions are only one contributing factor, the social evil in Japan has assumed alarming proportions. It

carried out, would in a measure safeguard the factory women and children, and while, on account of the high state of medical education in the empire, there is little place for medical missionary work in Japan, there is a field for the creation and circulation of literature on public health and morals, and especially the social evil, which from the Christian standpoint should be made a part of an organized propaganda. This should, of course, be in sympathetic cooperation with the efforts of the Japanese Church and largely under its leadership. Japan is fortunate in having in Dr. S. H. Wainright, as Executive Secretary of the Christian Literature Society, a missionary who has had medical training.

As the other nations of the Orient follow Japan's lead in industrial development, they are entering into problems which are similar to those just described and which cannot be solved without medical assistance, both preventive and remedial.

II. The Challenge of the Various Fields

Two-thirds of the human race is in need of medical relief. Much has been said in the preceding pages about this need as it exists today in various countries. Let us now take a swift glance at a few of the great mission fields as presenting a challenge to medical missions.

Japan proper, as has already been said, has a good system of medical education and foreign doctors are not called for in the older part of that empire. But to Formosa and Chosen, or Korea, now parts of Japan, this does not apply. Chosen has from the beginning been a rare field for medical missions. While the

is said that over forty million yen was spent in one year by the guests numbering 16,212,669. Who knows how much was spent in clandestine prostitution?—Christian Movement in the Japanese Empire, 1917, p. 310.

United States was instrumental in opening the Hermit Kingdom, from a political standpoint, to the outside world, it was through the initiative of a medical missionary that Protestant missionaries were introduced into Korea. General Foote was made our Minister Plenipotentiary in 1884. The year following, Dr. H. N. Allen, of the Presbyterian Board, having been providentially detained in Shanghai, was transferred from China to that field and became physician to the Legation. Not long after his arrival in Seoul, Prince Min Yong Ik, a nephew of the Queen, was cut down at a banquet under the swords of assassins employed to kill him. Melted wax was poured into the wounds by the Korean doctor. The Prince was about to die from hemorrhage. Dr. Allen was summoned, ligated the arteries, saved his life and won the gratitude of the King and Queen. This opened a land, hitherto hermetically sealed, to the entrance of missionaries, evangelistic and educational, as well as medical.

Several months afterward, one dark, rainy night, in Tientsin, China, while the writer was on a visit to Dr. Kenneth Mackenzie, a mysterious messenger knocked at the door and requested my professional services in the native city. I responded at once, though the messenger would not reveal his identity. Entering the gate of the walled city in a sedan chair, we threaded the narrow streets, turned into a large outer court, then entered another, alighted and were shown into a reception room where I found myself in the presence of Prince Min. His wounds, the scars of which were all over his back and neck and arms, one reaching from the helix of the ear to the opposite hip, looked red and angry. He felt anxious lest they might break out again. I had the pleasure of assuring him that his fears were groundless. Dr. Allen had done his work well, so well in fact that the King had placed

him at the head of the Government Hospital, and though he afterwards went into diplomatic service, the fact remains that it was through his instrumentality that the country was opened to Protestant missions.

Through that open door other medical missionaries have entered. Dr. O. R. Avison of the Presbyterian Board, and his staff, in charge of the Severance Hospital and of the Union Medical School in Seoul, are doing a great work, the creation of a medical literature being not the least valuable product of this school. Sixty miles to the north, on the great highway, is Songdo, the ancient capital where on the crest of a hill stands the Ivey Methodist Hospital, under the superintendency of Dr. Wightman Reid. It is one of those unique institutions which not only commands a large patronage in the city itself, but draws from hundreds of villages in all the outlying districts, and through the patients, as they return to their homes, extends its beneficent influence in every direction. These are two samples of the excellent medical missionary work now being done in Chosen.

But the needs of that country are still very great. Smallpox and typhoid fever, cholera and tuberculosis, venereal diseases, intestinal troubles and diseases of the eye are prevalent. The native practitioner only adds to the problem. The sorcerer in Korea is as much a manipulator of evil spirits as is the witch doctor in Africa. He conjures with a stone upon which he spits, or with a rag or old straw sandal hung upon a tree. With sticks driven in the ground here and there, and by the use of his drum, he professes to guide and control the forces of the animistic world. This man is one of the greatest obstacles to Christianity, but his spell is being dissipated as surely by education and medical science as are the damp miasmatic vapors of the tropics before the rising sun.

Anatomical Laboratory, with Prof. K. S. Oh and Students
Severance Union Medical College, Seoul, Chosen

The body of medical missionaries needs reinforcement.[1] During the past year two hospitals were without doctors in one section, and in another, three medical missionaries were trying to run five hospitals.

China is a challenge to the largest investment of faith and of life. She is a giant in bulk, but no less great in masterful qualities which make for constitutional and racial perpetuity. Though hoary with age, she is no spent force. She has been overrun alternately by Mongol and Manchu hordes, devastated by epidemic and plague, but seems to be as virile as she was two thousand years ago. She has repeatedly absorbed her conquerors—her national digestion always being equal to the job—has survived both floods and famines, which have swept away their millions, and is a nation with a destiny, having preserved an ethical basis for her educational system. She has honored parents and reverenced old age, and has loved the arts of peace more than the weapons of war. The words of a Chinese professor, quoted by Robert W. Wilder, are worth pondering: "China seems to be at the parting of the ways. Shall she choose materialism or Christ? . . . China is today in pressing need of men, men who are willing to sacrifice their lives for a good cause. China needs a true religion that teaches men to honor the Supreme Intellect, and to minister, but not to be ministered unto. . . . The men who possess the qualifications to minister can only be found in the school of Christ." And, we might add, none possess greater

[1] The fear that, under the recent regulations of the Government General, physicians of foreign countries might be shut out of Korea has proven to be unfounded. The Government has merely enacted that physicians coming from countries which have not arranged for medical reciprocity with Japan shall pass an examination in Japan before receiving a licence to practise as Japanese physicians would have to do in going to those countries. The examinations are given at Tokyo in English.

qualifications of this sort than the Christian doctor who has studied at the feet of the Great Physician.

We have spoken in a previous chapter of the physical suffering and handicap in China. Her native resources to meet the situation are very meagre. The quack doctor and the fortune teller reap a rich harvest. The fortune teller like his confrère, desires to profit at the expense of his too trustful patron. He does not aspire to be a physician, but he dabbles in medicine and magic. One such sat in his little tent near our front gate in Shanghai for several years. A wise look, a heavy mustache and long beard, giving him the appearance of a modern Confucius, a few scrolls hung at his back with proverbial sayings, a family pedigree as long as his arm, a little camp table in front of his chair, with a piece of polished tin on which he wrote with India ink and a camel hair brush, a few tiger's bones and tiny bundles of herbs—these were his outfit. Several dozen closely rolled slips of paper, the size of a cigarette, were kept in an open box by the side of his writing pad. A lucky number found on the roll by the patient, a sentence written by the wiseacre on the sheet of tin, followed by sage advice as to the origin of the patient's toothache, rheumatism, fever or bad luck, with directions as to the best procedure, always seemed to satisfy the simple-hearted victim, whether peasant from the country, or resident of the city. They got the experience, he got the money.

Lest we should be undully exalted over the achievements of western civilization as compared with some of the crude theories of non-Christian lands, we may digress for a moment to remind ourselves of the absurd practices which were in vogue in Europe at a comparatively recent date. Mayerne, who was the most prominent doctor of his day, wrote a treatise on gout, and had for his patients two French and three

English sovereigns. He was given to prescribing pulverized human bones, and the principal ingredient in his gout-pad was "raspings of a human skull unburied." Balsam of bats he strongly recommended for hypochondriacs. It was composed of "adders, bats, sucking whelps, earth worms, hog's grease, the marrow of a stag and the thigh bone of an ox."

William Bulleyn, an eminent physician of the Elizabethan era, received his preliminary education at Cambridge University and "enlarged his mind by extended travel, spending much time in Germany and Scotland." He left the following remedy for a nervous malady in a child, "a small young mouse roasted." One would hardly recommend such heroic treatment, but the famous Desault secured excellent results with a young patient by using "club tincture." In England as well as in France, in the early days of medical practice, the doctor's cane was occasionally employed for physical infirmities as well as moral failings, and a beating was prescribed for ague as well as for stealing. "Antinius Musa, one of the ancients, employed this remedy to cure Octavious Augustus of sciatica, and Gordonius prescribed it in certain cases of nervous irritability—'*si sit juvenus, et non vult obedire, flagellitur frequenter et fortiter.*'" A Chinese mother brought her son to me one day with the request that he be given a beating. She knew nothing about the practice of the Romans, but had evidently reached the same conclusion and was prepared to go in for heroic measures. Upon asking her the trouble she replied, "His heart is turned to one side; he no longer obeys me. A sound thrashing might turn it back." He got his thrashing and improved at once.

There before us, wide open to our ministries of healing and physical reconstruction, lies China, with one quarter of the human family acutely suffering and

pitifully limited in her physical life. Children need a fighting chance, lives need prolonging, agonies need relief, communities need wholesome conditions. And whereas in the United States and Canada we have a qualified physician for every 625 of the population, the number of medical missionaries in China (1917) is but one to every 644,760.

India is a challenge to devoted effort and to Christian statesmanship. The triple problem of impotent religion, of inexorable caste, and of grinding poverty is there. While both extremes of society and of intellectual life are to be held steadily in view, it is not so much from the top as from the bottom, where myriads of ignorant, diseased and poverty stricken human beings are to be found, that the redemption of the individual and of the nation must begin and be carried forward. It has ever been thus.

Mr. Sherwood Eddy remarks, in "India Awakening," that "the most powerful apologetic in India will not be a few converted Brahmins nor the arguments of the missionary, but the mighty uplift of whole communities, once debased and degraded, for whom Hinduism has no message, and who were without hope and without God in the world." Is Christianity equal to the task? It is not only hypothetically or potentially able to do the work; it is actually doing it through the gospel, social service, primary schools and a system of hospitals and dispensaries which is carrying medical relief to millions.

Mr. Eddy tells of the lowest human being he had ever seen—a pariah who could count up to ten, painfully and slowly, if he could look at his ten fingers or toes, but not beyond it. When asked how many children he had, he scratched his head and replied with some hesitation that he had twelve. His wife said they had ten, the missionary estimated the number at eleven.

"That man has three sons in college," adds Mr. Eddy, "one who will go out as a preacher, one perchance as a Christian doctor, and one perhaps in the government employ to compete with the Brahmin who has had a monopoly of culture and religion for more than a thousand years — 'It is not yet made manifest what they shall be.'" Is there a young Christian doctor, man or woman, at liberty to do so, who would hesitate to share with Christ and the missionary body in India in the miracle working task of transforming the "fifty million untouchable outcastes," yet unreached, into the foundation stones of the Church that is to be in India?

Sir Andrew Fraser, in his introduction to "The Appeal of Medical Missions," writes, "I desire to give my strongest testimony—the testimony of a man whose experience gives him a claim to be heard—in favor of the urgency of the call made on the churches at home for medical missionaries." Thirty-seven years of distinguished service under the Crown, in India, entitles this eminent Christian statesman to speak with authority. In the presentation of the need of medical missions, Dr. Moorshead brings out the fact that while the Indian Government has put forth generous and praiseworthy efforts to reach the people in densely populated village areas, it was estimated some years ago by Sir William Moor that, "not five per cent of the population is reached by the present system of medical aid."[1] He quotes Dr. W. J. Wanless' statement in the *International Review of Missions,* that 6,000 die annually in Calcutta, the largest medical center in India, without competent medical aid. As for those dying in the outlying villages in India, Dr. Wanless estimates that 98 out of every 100 die unattended in their last illness by an educated physician.

[1] R. F. Moorshead, "The Appeal of Medical Missions," p. 59.

It is estimated that during the past twenty-two years between eight and ten millions of people have died of plague in India. One of the chief obstacles in combating this terrible scourge is religious prejudice, for Hinduism refuses to destroy the rats, the carriers of the disease.

Medical missionaries are needed for every part of Africa, and especially those who will volunteer for a plunge into the remote interior. They must be missionaries who can drive an entering wedge with master strokes into that dark mass of heathenism that the light of civilization and of the gospel may filter through. Aside from remoteness and isolation these districts are not objectionable. They are more healthy, as a rule, than the coast, and the people more open to approach. Missionary effort in the past has been too much confined to the rim of the continent. There has been a dearth of doctors in the hinterland. It might have been necessary fifty years ago to cling to the fringes of Africa, but the way is now open along a thousand trails and all the great rivers to reach villages and tribes hitherto inaccessible.

The call is urgent for a large force of medical missionaries at once. The need is more than urgent—it is desperate. One hundred doctors would not meet the present demand. One thousand would not meet the need. Are they forthcoming? France, "bled white," sent eighty doctors to the aid of Roumania, to minister to her wounded and to fight the dreaded typhus; and she gave one thousand of her officers to train the soldiers of her ally. What would the going forth of one hundred medical missionaries for Africa mean for all Christendom with its hosts of young men and women? They could easily be spared. But what would they mean for Africa? We need to adopt an initiative which will carry our standards into the re-

An American Missionary Doctor and His African Competitor

cesses of the forests, along the rivers, out into the open veldts and on to the spreading table lands of Angola and the southern Belgian Congo, on the one hand, and, on the other, to the mid-continental area where the people have never heard of Christ, have never been healed of their sicknesses of body or soul. In the absence of qualified physicians, trained nurses here and there have been compelled from sheer necessity to hold the ground. One of these, Miss E. M. Fair of the Southern Presbyterian Church, we found at mission headquarters at Luebo, treating the sick, binding up the wounded from a recent village fight, and having oversight of the health of the missionaries during the enforced absence of the station doctor. Invaluable? Such women are simply indispensable. Yet for most of the people of Africa there is not available even the help of a nurse.

At the present time there is no more urgent demand from any field for medical missionaries, unless it be from Syria and Armenia. In British East Africa, a number of large tribes without a missionary are reported and forty workers are required. In German East Africa, there is an immense district with an insistent call for fifty missionaries, and at least one in ten should be medical. To the northwest of Lake Albert, in the Welle district of the Belgian Congo, a report comes through the Africa Inland Mission of "one tribe alone, the Azandi, thought to number nearly five millions of people. Access to all of these districts is reasonably convenient. Large ocean steamers stop at Mombasa. The Uganda railway runs from there to port Florence on Lake Victoria. Motor roads are being built in the interior; and the great, almost untouched part of Africa with its perishing millions is at our door."[1]

[1] Student Volunteer Movement Bulletin, January, 1916, p. 41.

So we might pass in review the Mohammedan countries and all the other sections of the non-Christian world, and especially the unoccupied mission fields, finding in each one a burning challenge for medical missionary work.

If in any survey we may make of various fields we can hear the call of suffering human life, we cannot fail to catch in it the special cry of womanhood. The condition of woman in all non-Christian lands constitutes a powerful appeal as well as a challenge to the women of Christendom. In point of need, their condition in the twentieth century does not differ materially from that of the first. Dynasties rise and fall, civilizations flourish and decay, but humanity remains the same. It has its perennial needs, its sicknesses, its sorrows, and, at the root of all, its sins. Disease roots itself in the tenderest organs of the body, while sin strikes its fangs into the deepest tissues of the soul, injects and leaves its virus there. The women of non-Christian lands bear the cumulative ills of flesh—the unrelieved anguish of childbirth, the awful sense of loneliness and neglect, and too often the consciousness of suspicion and hate instead of tender, watchful love.

There is an indescribably pathetic touch in what occurred in China during the Anti-Opium Crusade in connection with a petition to the Throne. "After the demi-monde had heard of the movement, they wrote an appeal asking that their names be sent—not in the same list—they could not ask for that, but in a separate list, saying that most of them had been sold into this life of shame by opium smoking fathers, or brothers, or husbands, saying also: 'We are in a shoreless sea. There is no possibility of helping us, but it may save others from a similar fate. There are those who think we are flippant and enjoy this life. They do not know how often we must smile upon

guests we despise. We beat our breasts and cry aloud, but there is no help for us. We feared to write this lest it should soil your eyes.' "[1]

It was the Christ who had compassion upon a poor wretched woman whom others would have stoned, it was He who never turned his back upon one who sought to be healed, and through his ministry the world has discovered the grace, the loyalty and the power of love in all true womanhood. Wipe out at one stroke our Christian homes and hospitals, our physicians and nurses, our maternity wards and infirmaries, our ether and cocaine, the tender care of husband and friend, and our civilization would suffer an immediate eclipse. But dark as this would be, the condition of the non-Christian land is darker still. At the beginning of life we have the Arabian proverb, "The threshold weeps forty days, whenever a girl baby is born"; and near the end of life the reply of a man in India when an operation was proposed to save his wife: "Better let her die than see a man; it is easy enough to get another wife."

The physical needs of womanhood run throughout all non-Christian lands and on all levels of society. The pariah in India has no monopoly of suffering and neglect. Miss Irene H. Barnes tells of an Indian princess of the highest caste who was approaching her confinement.[2] Isolated from the family, she was thrust into a thatched hut about six feet square, with mud floor, and almost unbearable heat from the fire burning day and night to keep out evil spirits. "I screamed for help," she afterwards told, "but no one would come near me. I lay on the damp clay with an old mat under me and except for some water thrown on the floor to wash it by the nurse, an old woman,

[1] Mrs. Chauncey Goodrich in China's New Day, p. 64.
[2] "Between Life and Death."

nothing was done for me. Through her carelessness; I was at death's door. Oh, how I did cry to the one great God to hear me, to save me. With all my strength I called on Him and He did answer me and I knew there was a God."

At the other extreme of life is an incident given by Dr. Cochran when commenting upon the high death rate in Persia, especially among children. A woman, very poor, came from a distance, leaving her husband and three small children sick, and in a pitiable condition. "The morning she left she covered the children in the stable with the dried manure used to bed the animals, and came away, as she expressed it, with 'only heaven above them, hell under them, and their stomachs empty.'" With such conditions it would seem as though every young woman in Christian lands, if free to go and not disqualified for such work, would volunteer for service. But the Woman's Boards have had the greatest difficulty in securing physicians and nurses, and the force on all these fields falls far short of the demand.

As if to cover the reproach of delay and neglect upon the part of their sisters in the West, the women of the Orient are themselves beginning to respond. We have already referred to the able Chinese women at the head of large hospitals. In Japan they are taking an active part in social and reform movements, and in India they are studying medicine and are assuming their share of war relief which bids fair to initiate a new stage of development. Just as the war broke out, the Turkish government was beginning to send women abroad for study—two hundred of them being destined to enter institutions in Switzerland. For the first time, a Moslem woman had been permitted to qualify as a lawyer in Petrograd; a number were attending the universities there, and some were

already practicing medicine.[1] At the same time the higher education of women was being promoted under the patronage of the mother of the Khedive of Egypt, and special lectures for them were being delivered in the Universitie Egyptienne.

We hear the challenge from all the mission fields. Where are the men? Who are the women? Is there a slacker in all our ranks? Not if the spirit of the soldiers who went to the front, ready to lay down their lives, is the spirit of the modern Church. If it is not, then the Church must reform or decay. It is not then so much a question of the non-Christian world perishing without the gospel, as it is a question of our survival if we fail to give them the gospel. "If thou forbear to deliver them that are drawn unto death, and those that are ready to be slain; if thou sayest, Behold we knew it not; doth not He that pondereth the heart consider it? And He that keepeth thy soul, doth not he know it? And shall He not render to every man according to his works?"[2] Who will go?

III. The Challenge of Pressing Problems

In a work of such proportions there are bound to be many difficult problems. Before closing the chapter let us consider some which now challenge earnest and expert attention.

1. There is a challenge at the home base which is second only to that on the field. An apathetic Church is to be aroused from its indifference, slackness of zeal, and poverty of faith. A missionary conscience must be quickened, if not actually created; enthusiasm generated, mission study promoted, volunteers secured, candidates qualified, the work financed and the spirit of intercession fostered.

[1] *International Review of Missions*, January, 1915, p. 39.
[2] Proverbs 24:11-12.

2. Turing from the home base to the mission field,[1] we are faced by the problem of inadequate equipment. While rigid economy should be practiced at the home base by the Boards, and on the field by the missionaries, there are limitations in equipment which may mean superficial work, patients slighted, the doctor disheartened, medical science brought into disrepute and Christianity cheapened. It were better to reduce the number of medical missionaries and hospitals, much as they are needed, than to discount the science of medicine and lower the standards of efficiency. In the presentation of any phase of Christianity, the highest standards must be maintained, and honest, thoroughgoing methods characterize the work in every department. To do less, is to write ultimate failure across the face of the enterprise.

3. An inadequate staff is as serious a limitation as inadequate equipment. The findings of the Medical Missionary Association of India urge the necessity of two qualified doctors on the staff of every medical mission station, in order that furlough or illness shall not break the continuity of the work and that in performing serious operations consultation shall be had and responsibility shared. In regard to wastage of evangelistic opportunity. Dr. Moorshead refers to a brochure of Dr. Harold Balme of China, in which he urges that the mission hospital be so staffed as to permit the medical missionaries in turn to spend a portion of the day in personal work among the patients, and that there should be, if possible, one non-medical

[1] Dr. Moorshead sums up the possibility of failure of medical missions under six heads: "Insufficiency of the medical and nursing staff; inadequacy of medical plant; wastage of evangelistic opportunities; opening too many medical stations; designating new medical missionaries to responsible positions; and sending out new medical missionaries without a sufficient amount of post graduate work."—[R. F. Moorshead, "The Appeal of Medical Missions," p. 160.] He would avoid making the impression that there has been failure, but is rightly opposed to inferior work and argues for the best professional results possible.

missionary on the staff whose entire time could be given to evangelistic work. Reference is made to a missionary in India who, in the follow-up of his sister's medical work, had in seventeen years secured a footing in one hundred villages and baptized more than three thousand converts.

4. Another problem relates to the use of the time and energy of the medical missionary on furlough. On the one hand, opportunity should be furnished him for rest, for study and for visits to hospitals. On the other hand, his services should be utilized to stimulate the missionary interest of the public. He can render invaluable service by furnishing occasional articles to the medical journals, to the missionary magazines and denominational papers, presenting personal experiences, difficulties, successes, the needs of the people to whom he has been ministering and the power of the gospel to meet that need. He can go further by making a systematic effort to reach the medical constituency of his church — a great reserve force as yet undeveloped. This may be done through correspondence and personal visits in the homes of Christian medical men and women, by delivering addresses before medical societies and colleges, by visiting Volunteer Bands and by attending student conferences where personal work can be done in counseling with students in the determining of their life work. The returned medical missionary, moreover, ought to be able to do more than any other in enlisting liberal givers in the support of individual missionaries or nurses, and in the maintenance of beds or wards and the erection of hospitals, where the Boards have authorized such efforts.

5. The problem of cooperation is ever present in missionary administration. Medical Missionary Associations upon the larger fields are recommending

close cooperation by the Boards, especially in medical education on the field and in the preparation of much needed textbooks in the development of a medical literature. Dr. Robert C. Beebe, as executive secretary of the China Medical Missionary Association, is devoting his entire time to the work of coordinating educational work carried on at different centers, to securing help from the Boards, missionary and financial, to the development of a literature, and to aiding the campaign on behalf of public health carried on by Dr. W. W. Peter and his staff under the auspices of the Y. M. C. A. A beginning was made by the earlier medical missionaries, but they were hampered by insufficient knowledge of the written language and by the lack of dictionaries and of a technical and scientific terminology. It is very important that a literature should be developed under Christian auspices, thus preempting the ground from that prepared from a grossly materialistic standpoint.

6. A most pressing problem is that of missionary medical education. On all the mission fields, but especially in China, this branch of education requires to be considered in the light of the scientific demands of our age, and in view of the establishment of competing government institutions. In the case of China, there is the added factor of the insidious agnostic and even atheistic influences from Japan where such ideas are rife in the medical departments of her universities. This is the more significant in view of Japan's absorption of Korea and her foothold upon the continent. Dr. Thomas Cochran, in a recent article, calls attention to the Japanese medical college in Moukden, established by the South Manchurian Railway Company. "They have an ample staff, and perhaps the best building and equipment of any school in China. The teaching is in Japanese."

The visit in 1914 of the Commissioners representing the Rockefeller Foundation, and the subsequent establishment of the China Medical Board, with the purpose of promoting medical education bids fair to create a new era in scientific education and in research work. The decision to establish two medical centers, the one at Peking and the other at Shanghai, will lay a base line along the coast from which other centers may be established at a later date under the auspices of the Foundation, through missionary initiative or as government enterprises. The article by Dr. Cochran speaks of the inevitable conclusion that there has been "a very real danger of a sacrifice of scientific efficiency in the diffusion of effort which characterizes the work of missionary societies." Dr. McDill of Chicago in his discussion of missionary medical work, while giving the missionaries themselves a high meed of praise for their efficiency and self-sacrifice, reached the same conclusion — that much of the medical educational work as conducted under the auspices of the Missionary Boards is inefficient and therefore unsatisfactory.

The Commisioners referred to are quoted as saying in effect to missionary educators, "We are thinking of the interests of China as a whole and are viewing the situation dispassionately. We are determined to secure efficiency if it should cost us millions. Will you join us and make a happy combination, and be as keen on Christianity as we are on medical science?" What is this but a tremendous challenge to the most virile young men and women we have at the home base and on the mission field, to get into the game? The Foundation has the financial resources with which to do in laboratory, class room, and hospital what no one Board, nor half a dozen Boards with their other obligations, could possibly do. The institutions to be

established at the two centers already fixed upon must be adequately staffed. Scientifically qualified men are required, but Christian men of equal qualifications are preferred. Let men offer for such service, secure the best preparation there is to be had, and, going to the field, throw the weight of their education, experience and personal influence into the effort to train a body of Chinese physicians and surgeons who can in turn not only man mission and government hospitals, but become the influential factors for moral purity and religious life in the institutions of the country.

There is a great cause at stake here — namely the efficiency and character of medical education and of the profession itself in China. If inefficient, it will be worthless; if non-Christian, it will bring a blight upon physicians and patients alike for generations to come. Dr. Thomas Cochran is correct in saying that "Medical missionary enterprise has earned China's undying gratitude. The young profession there is largely either Christian or favorably disposed to Christianity." It rests with Boards at home and missionaries on the field to see that this continues.

It behooves all concerned, therefore, to sink individual differences and urge common interests so as to agree upon the following as a working basis:

(1) Coordination of larger educational policies and plans so as to promote that unity in spirit and effort which will best secure the one great aim for which missionary work is undertaken. Such plans should not be laid for a decade, but projected for a century.

(2) Concentration upon three great centers on the coast, and at least one in the interior. Geographically, China lends itself to such a distribution. To do less is to fail to capture the strategic points and make them distributing centers of medical educational in-

fluence. To undertake to occupy more than these at present will be to repeat the blunders of the past.

(3) Team work upon the part of the representatives of the various Boards and Societies through the Medical Missionary Association, and also with the growing body of qualified Chinese practitioners through the China National Medical Association. Generous and sympatheteic cooperation will create a sense of brotherhood, give push to the entire movement, and help to generate an *esprit de corps*.

(4) High professional standards must always be held steadily in view. Low grade medical work is unworthy of the man from home and equally discreditable to the native practitioner who qualifies on the field. Shoddy, inefficient work is dishonest work and should not be tolerated by a Mission Board or in any Mission Hospital or School.

(5) The generous offer made by the China Medical Board of the Rockefeller Foundation, to finance and increase the staff and equipment of mission hospitals which correlate themselves with the medical schools established by the Foundation, should be accepted, since such acecptance does not in any way divert from, or interfere with, the one purpose for which medical missions is established—healing the sick and extending the Kingdom of God.

There is no greater challenge before the Church today than the challenge to a generous expansion of her medical missionary work. The work of medical missions, like all Christian work, is a challenge to faith. There can be no mighty work built upon the quicksands of unbelief. There has never been a truly successful medical missionary—man or woman—who has not been great in prayer and faith. All of preparation, all of scientific equipment, and all of human skill will fail in the hour of crisis if the element

of faith be lacking. Then in the highest reaches of achievement, just as the human will must be lifted up into the divine, man's faith must be conjoined with and merged into the faith of the son of God. This is a great truth and a great mystery, but it is God's way, and His ways are higher than ours. The medical missionary who goes in the strength of the faith of the Son of God, goes with power, for the Master Workman has said, "Greater works than these shall ye do because I go unto the Father." A God-sent man does not do his work alone.

The work of medical missions is also a challenge to love. Love, let us repeat, is the great missionary motive. To float the great cause of missions, the motive must be big enough not only to prompt our ministry to the individual, to compass a nation with our high purpose, but to include a world in its terms of sacrificial and Christly love. It must be centripetal as well as centrifugal. In the effort to get in touch with the lowliest and the neediest man, it must find its spring and inspiration in the touch of the risen Christ.

The writer never fully realized the true significance of missionary motive until he reached the mission field. There came one day into our Soochow hospital a Chinese woman. "Can you do anything for me?" she asked. "I hope so," was the reply. "What is the matter?" Then she told her story. "I am the wife of a small farmer. We are very poor. My life of seventy years has been a hard one, for we have eaten much bitterness. Day after day, I have crawled with my husband through the mud, on hands and knees in cultivating the rice stalks. We had neither plow nor buffalo. My body is tortured to death with rheumatism and burning up with fever."

She was put to bed, given medicine, and made as

comfortable as possible for the night. The next morning, after attending the surgical cases, I visited the Woman's ward, paused by her bedside, took her hand in mine and asked, "Have you eaten your soft-boiled rice? How do you feel this morning?" "Oh, I feel better," she replied. "Then why do you cry?" The tears were trickling down her weather-beaten cheeks. "Oh, Doctor, you have been so good to me!" and then she added, "I am an old woman. My life has been bitter — bitter to death. I have given birth to children. They grew up, married and have gone, but not one has ever held my hand or said kind words like a son. Oh, Doctor, when I am well do not send me away. This is heaven. Let me mop the floors and cook the rice. My old husband might sweep the yard and mind the gate. But let me stay — this is the only heaven for an old woman like me."

As I stroked her rough hand, the tears came involuntarily to my own eyes until her face was lost in the blur. There seemed to be another face into which I gazed for the moment — the face of the Great Physician who said, "Inasmuch as ye have done this unto the least of these, my brethren, ye have done it unto me." Then I discovered the real motive of the missionary. It is not the need of the individual, deep and appealing as that is; not the Chinese, great as the appeal of countless multitudes may be; not the command, imperative as its terms are, but the Master — the Master himself and His love. Herein lies the constraint. In neglecting these weaker ones, we neglect Him. In ministering to their need, we minister to Him. The true missionary motive is wrapped up in His life and centered in His love.

THE SECRET OF POWER

"A good doctor should be at once a genius, a saint and a man of God."

Amiel.

"Oh, we need power; the deadness of these souls is something awful; their utter ignorance of what sin is, the fearful lethargy into which they have fallen, all reveal that our one great essential is power—Divine, life-giving power. And bless God we have all this in Christ."

Dr. Kenneth Mackenzie.

VIII.

THE SECRET OF POWER.

Dr. Alexander Simpson, of Edinburgh, visited Tokyo on his way to the General Missionary Conference in China. Being an eminent authority on obstetrics, he was given a reception and invited to deliver an address before the Medical Faculty of the Imperial University. More than sixty professors were present. Knowing he could speak with authority on his special department, and aware of the fact that he was a relative of the distinguished James Y. Simpson, who was the first to experiment with the use of chloroform in Great Britain, they expected an address upon some obstetrical or scientific subject.

Realizing that it was his only opportunity, that of a lifetime and not one to be thrown away, Sir Alexander spent the half hour in recounting, in the simplest of language, what the Great Physician had done for him personally, and for the souls of men as well as for their bodies. It was a beautiful sight — the glowing face of the white-haired old veteran turned toward the amphitheatre full of professors and students, the majority of whom were agnostics, and not a few avowed atheists. The respectful silence, the almost awed hush, the recognition of his professional standing, and the reverence for his age and sincerity — all seemed to point to a new and open door through which his words gained an entrance to the hearts of men who had given themselves for years to rationalistic argument and materialistic research.

What seemed to be the lesson of the hour? That

man who would fight sin to a finish must begin the battle in the arena of the physical nature; that efficiency in the higher realm of our nature is mysteriously dependent upon efficiency in the lower; that the sanctity of the body becomes a corollary of the sanctity of the soul. Finally, and this was the point up to which all else led, if a man is to find any real basis of living and of duty, he must first find God. To the medical faculty of a non-Christian university it was an extraordinary line of thought, and Sir Alexander brought them to an unexpected conclusion.

Real life begins for any man only with the discovery of a real God. We have a striking illustration of this in H. G. Wells' great war story, "Mr. Britling Sees it Through." With rare skill the author leads his principal character from an easy optimism, a colorless non-moral life and a sinful wastage of manhood's opportunity to a stern realization that while he and his guests from London were spending their Sundays in playing hockey, the world was in a conflagration. He had been adrift without a God. His secretary joined the King's army and was taken prisoner; his son enlisted and was killed. And now Mr. Britling finds God — a real God, and duty. It is the story of England's awakening to the stern reality of life and its tragedies. What is it, but the story of every man's awakening to the sense of personal obligation to throw himself, without reserve, into the service of God and of his fellowman?

Man's ministry to man — body, mind and soul — can win the world, and will win the world, if it rests on a central and vital faith in God. He must be made real. Men of this age are seeking the reality of things and want a real God, and a mighty God. A weak God will not satisfy strong men. It is not a question of theories or doctrines or even ideals, but of dynamics

and of power. It is not ethical standards that will win mankind. "Christianity is the only religion which possesses a sufficient dynamic to make its ethical standards realizable." It is the story of a life which explains God — more than that even — it is the life itself. It involves a force, the most potent in the universe, a force which is personal, vital, re-creative, and which concerns every man. That force is Jesus Christ, the Saviour of the world, personally present in the physician, imminently present in the hospital, forever present in His own world. To accept this Person, to realize Him, to live Him, to minister as He ministered to humanity sick in body, sick in soul, sick unto death, is to find the reality of God. It is the secret of power, the heart of the gospel, and the soul of the missionary enterprise. The missionary who would be equipped for his task and efficient in it must live in the might of this superhuman energy.

I. The Power of Faith in God.

Faith in a real God lies at the source of all power, whether in personal experience, or in a constructive work, whether in our age or in any other. "What we need today is a resurgence of the heroic, daring temper of the apostolic age. There was a little Christian community then which dared to look with calm, aspiring eyes abroad over the whole wild welter of the western world, and to dream the impossible dream of capturing it all for the empire of Christ, and then dared to set out to make the dream come true."[1] To repeat and extend such a conquest requires men who have a mighty faith, and who by the very audacity of their faith make God real and actual in all their tasks. It requires men who believe and dare; who pray and

[1] Roberts, "The Renascence of Faith," p. 257.

have large expectation; who have vision and are ready to venture for God — men who will not be disobedient to the heavenly vision. Such, and only such, can hope to win men and conquer the world.

Faith upon the part of the physician begets confidence upon the part of the patient. Faith without works is vain, but physical as well as moral recoveries depend upon faith as well as works. "It is when the eye of the patient meets the eye of the physician," says Dr. A. T. Schofield, "that the cure begins, if it is likely to take place." The personality of a doctor, what he is, and what he believes, counts for more than what he knows. This is not discounting qualifications or skill. Does not this account for much of the wonderful success attending the work of medical missionaries who labor under the most untoward and trying circumstances? Their reassuring touch upon humanity is because Another has touched *their* lives. By the measure of their openness to His approach, and faith in His power, by so much do they win the confidence of their patients. The native, however full he may be of conceit, always recognizes, and often to the point of reverence, the soul of sincerity and truth in the life of an honest man or woman who seeks to do him good. One was heard to say of a missionary, "He is so pure we cannot look him in the face and tell a lie."

There is power in the Name. We may not have the special gift of miraculous cures bestowed upon Peter and John, but how suggestive and convincing the story of the healing of the man lame from his mother's womb who lay at the beautiful gate of the temple. "And Peter, fastening his eyes upon him, with John, said, 'Look on us.' And he gave heed unto them expecting to receive something from them. But Peter said, 'Silver and gold have I none, but what I have, that give I thee. In the name of Jesus Christ of

Nazareth, walk."[1] What did Peter have for a helpless man? An impelling desire to help, faith in the Name, and the touch of the risen Christ upon himself and John. May not these be the privilege of every medical missionary? Without them it is useless to go forth; with them we share in the promise, "Verily, verily, I say unto you, he that believeth on me, the works that I do shall he do also; and greater works than these shall he do; because I go unto the Father. And whatsoever ye shall ask in my name, that will I do, that the Father may be glorified in the Son."

Rev. W. E. Soothill, of China, has said: "Medicine is our substitute for miracles. Whatever the cause, we cannot do the wonderful works wrought by the Apostles. It may be our lack of faith; it may be the power has been withdrawn, having served its purpose; or it may be the power is here within men's reach as much as ever." Ours is not an absentee God; He is imminently present in the world today. But we are doing more wonderful works than the Apostles. Power is not withdrawn. It is diffused. It finds expression through a thousand agents and agencies. "All power is with God, and His power is available." Let our daily task be shot through with a mighty faith and He will give us more power as we fully and reverently use what we have.

In other words, power is given us according to our obedience. Christianity is a religion of obedience. If the first secret of the mighty power of Jesus Christ was faith in God, the second was no less significant — "He learned obedience by the things which he suffered," and with this key he opened to man the mysteries of the Kingdoms of nature and of grace. "The military virtues of obedience, courage and sacri-

[1] Acts 3:4-6. John 14:12-13.

fice are also the Christian virtues," says Dr. Jefferson. "Christ's first commandant is Obey. Obedience, He says, is the organ of knowledge. He that wills to do God's will, shall know. 'If ye know these things, happy are ye if ye do them.'" By obedience the missionary moves against wind and tide. He never drifts; he sails. He is no victim of fate. If he would do the will of God, he moves as a prince, as the child of a King. Hear Cassius as he exclaims,

> "Men at some time are masters of their fate;
> The fault, dear Brutus, is not in our stars,
> But in ourselves, that we are underlings."

The missionary who has a vital faith in God will have a mighty faith in His religion. Christianity is a religion of hope and good cheer. It is like a cordial to a weary and weakened body. It is the good Samaritan to the poor fellow, beaten and bruised, who had fallen among robbers between Jerusalem and Jericho. Its hopefulness is based upon the love of the Father for His children; upon the ministry of Jesus Christ for the sinful and the lost; upon the impregnable rock of God's word; upon the power and persistence of truth; upon the indestructible faith of humanity; upon the ultimate triumph of the right; and upon its unshakable and ineradicable hope of immortality. Missionaries are constitutionally optimistic, and all great missionary workers have been men and women whose hopefulness has risen to the height of their faith.

Christianity is a religion of comfort. The man who faces the ravages of sin, disease and death must have faith in a God of comfort — One who is a mighty fortress; One whose presence should bring assurance and peace into the sick room instead of terror. The death of a heathen is the death of a Christless man — one who goes out alone. Who shall describe it — the staring eyes, the clenched fist, the shriek of fear? It

is because, with him, God is associated with evil, misfortune and death. How true to the experience of the man without Christ is Shakespeare's description of the death of Falstaff, as given by the tavern keeper's wife: "So 'a cried out, God, God, God, three or four times. Now, I to comfort him bid him 'a should not think of God; I hoped there was no need to trouble himself with any such thoughts yet."

A living faith in God carries with it not only a faith in the message of God which the missionary proclaims but also in the errand on which God has sent him. The secret of power lies with him who can forget himself in the pursuit of his task. That is the man who rises above the petty exactions of the hour, retains his poise, and, with an almost divine patience, finds time to pray for opportunity to touch with tenderness wounded hearts. It is just this that wins the fight. Dr. Speer quotes Archbishop Benson's rules as applying to Dr. Joseph Cochran: "Not to call attention to crowded work, or petty fatigues, or trivial experiences. To heal wounds which, in time past, my cruel and careless hands have made. To seek no favor, no compassion; to deserve, not ask for tenderness. Not to feel any uneasiness when my advice or opinion is not asked, or is set aside." Do we wonder that his Board Secretary, on a visit to the field, should say, "He illustrated the repose and calm of real strength more than any man it was ever my pleasure to meet. I have found this year that nothing I have ever known is such a continual strain upon one's temper and nerves as the continual contact with the smallness and pettiness of native character. I thought that I was amiable before I came here; I have had to revise this estimate of myself and pray daily for patience."[1]

[1] Robert E. Speer, "The Foreign Doctor," pp. 374, 375.

Of all workers the missionary should be the last to grow despondent. His high purpose and his realization of the presence of his Master, strengthen hope, and keep doubt and fear away. Professor James says, "the sovereign cure for worry is religious faith." He is right, but it must be Christain faith. Dr. C. W. Saleeby is quoted as saying that "the two great anti-worry religions are Buddhism and Christianity." But what does Buddhism say? "Worry is an inevitable accompaniment of life. In order to get rid of worry, you must destroy the desire to live, and the goal of all being is Nirvana — absorption and extinction." What does Christianity teach? "The great end is not less but more abundant life"—anything but absorption and extinction. It is to find the real meaning of life, the discovery of a new center and reenforcing point of life. Then does human life become lifted up and over into the Divine.

The calm assurance which Jesus had was "the peace of a soul that had come out of eternity." Receive Him, and His peace becomes ours. Ay, more than that, He Himself becomes our peace. Nor will any man attain unto masterfulness until he is filled with the spirit of Him who strengthens faith and inspires confidence in the infinite resources of divine grace — than comes the calm of a soul in touch with the Infinite. Was it not in such a spirit that Jesus did His mighty works? There was neither timidity nor haste. He moved steadily forward as one conscious of His power over nature, men and evil spirits, and yet He gave constant evidence of a reverent obedience to the Father and of supreme desire to do His will in all things. His faith in His cause never wavered.

Nor can any man have power in work who lacks faith in his cause. This is more important than to have faith in himself, essential as that may be. A

man who can so thoroughly forget himself as to make his life-work first and uppermost, will not only win success in the profession to which he is called, but, what is far better, win the confidence of others in the genuineness of his life, and the sincerity of his purpose.

The secret of power then, lies first of all in the missionary's life of faith in God. How enriching and expanding is this quality. As God reveals Himself to him, man grows. "Man grows with the greatness of his purpose." He grows with his apprehension of truth, his enlargement of sympathy, his deepening motive, and his ever-rising ideals. The missionary must keep his faith alive if he would grow with his convert, with his group of believers, with the native church, and what should be to him an ever-enlarging conception of the redemptive purpose and plan. Should he fail here, his failure is perilous and is a symptom of that slow paralysis which may lead to a deadening of every spiritual sensibility. A calling under such conditions degenerates into professionalism and loss of spiritual power. If the faith of the native church survives the failure of his own, and grows in intelligence and vitality, he loses his place of leadership, becomes a follower instead of a leader and forfeits his right to a place on the mission field. It has been true of all missionaries of power that they have seen men and women of conquering faith in the living God.

II. The Power of the Word of God

The Bible is the missionary's textbook. It is the Book of Life — a revelation of God the Father in Jesus Christ His Son, the Saviour of the world. No man can live a truly great life without it, neither can he expect to be a messenger of life to others unless he himself has a first-hand, working knowledge of its

principles. "The Bible will not be closed," said Emerson, "until the last great man is born." The Bible stands for primacy of spiritual realities. It does not claim prominence for itself in history, philosophy or science, but it is supreme in the realm of morals and religion. The emphasis of the Bible is upon personality — redeemable and redeemed —"the most interesting, the most eminent and the most costly in the list of the assets of the world."

The Bible alone can satisfy the heart hunger of the world. It was Coleridge who said, "I know the Bible is inspired because it finds me at greater depths of my being than any other book." Joseph Neesima, of Japan, leaving his mountain home in his quest for God, exchanged his sword for a New Testament, and in finding God found his true and higher self. Sosthenes Juarez, receiving a family Bible in French from one of Maximillian's soldiers, gathered round him a group of thirsty souls and laid the foundations of an evangelical church in the city of Mexico. It was a Cuban woman, in the city of Santiago, who read her Bible daily for thirty years behind barred doors, prayed for the opening of the island to the gospel, and interpreted the bombardment of Admiral Sampson as an answer to her prayers. There is no craving for comfort, no hunger for truth, no thirst for God, that the Bible cannot satisfy whether it be in the hands of the missionary who goes to make Christ known, or of the native to whom the message has been taken.

Twelve tribes were welded into a nation, and made the depository of God's thought. Two of the world's greatest languages — the Hebrew and the Greek — were formed into a matrix for God's revelation to man.

The Bible has created a world conscience and deepened the sense of God. It has vitalized nations and peoples remote from civilization. It has led to

sweeping reforms and generated great revival movements. It has opened perennial fountains for enriching literary work and personal experience. Dr. William Osler, eminent in the medical profession, in his Harvard lecture on "Science and Immortality," makes forty-one allusions to, and quotations from the Bible in the compass of its forty-three pages. Dr. Howard Kelly, of Johns Hopkins, equally distinguished in his department, is a diligent and daily student of the Word of God. "All the wisdom of the world is in this little book," exclaimed a great savant. Its unity, its continuity, its comprehensiveness of plan, its revelation of God, its vascularity and freshness, its human element which never grows old, and its moral energy and spiritual power caused the Ex-Premier of Japan, Marquis Okuma, to assert, "Modern civilization takes its rise from the teachings of the sage of Judea, in whom alone is found the dynamic of progress."

Its principles have been the inspiration of great missionaries and its translation their crowning work. We have only to turn to Robert Morrison, the pioneer missionary to China, and find that in his earlier years, while still at Newcastle-on-Tyne, he toiled from twelve to fourteen hours a day and "still found time to spend one or two hours for reading and meditation. While at work, his Bible or some other book was constantly open before him." William Carey, the pious cobbler of Nottingham, read the Bible so diligently in the original that when he went to India he was prepared to translate it into several languages. Adoniram Judson put it into the Burmese, Dr. Hepburn into the Japanese, Dr. Van Dyck into the Arabic.

In Schofield's journal there is the following record: "January 1, 1876. Began at twenty-five years of age the habit of reading through the Old Testament once, and the New Testament twice every year. 'My soul, wait thou on God, for my expectation is from Him.'

'Ye are not your own; ye are bought with a price.' To some extent I have kept my resolutions of reading God's Word. God help me this year to treat it as His Word; to read it every spare moment; constantly to meditate on it, and to use it in dependence on the Holy Ghost, both in judging myself and as a sword to others."

III. The Power of Fellowship with God

In the life of Dr. J. C. Hepburn is a simple but most significant statement: "They raised the family altar at once in the old temple in which they were living." Quietly, unostentatiously, without flourish of trumpets, this man of God brought to the Japanese Empire the living fire. Not an altar raised to the "unknown god," in a land where the people are as fond of hearing some new thing as were those of Athens, but to the known God, to Him who had been tested, who could by His spirit quicken a man's personality and energize it into a Christly life. What wonder then that a Japanese, in speaking of the veteran and his wife at a farewell meeting, was prompted to say, "When it was common for the patriot to take his sword in hand, there was a man who came to our country with the gospel of peace; . . . The once young and able couple have now become the old, white-haired couple. . . . The gift which the Doctor has made to our countrymen is his personality, more than his work. . . ."

In the old Buddhist temple, standing upon the shore of the beautiful bay that stretches out toward the Pacific many prayers were offered for the people of the Sunrise Kingdom in those early days of medical practice and of translation. The missionary had made them his people, and for them he interceded as though they were his children.

Does prayer really change things? Out of the

experience of a multitude of missionaries we have a decided and an affirmative answer. Minds have been convinced, hearts brought under conviction, temperaments changed, life-long habits broken up, and lives completely transformed. The very physical texture and expression of the countenance have come under some marvelous influence, so that malignity and hate have been changed into affection, gentleness and solicitude, as in the case of Africaner, the ferocious chief, under the spell of Dr. Moffatt's prayers. Cures have been wrought — wonderful cures, fevers rebuked, health restored and life preserved.

Ruxley was in the habit of saying that a thought could no more produce a change in our bodies than a steam whistle could run a locomotive. But in view of the wonderful cures effected in certain diseases by strong faith, hope or suggestion, no experienced physiologist or physician would endorse this dogmatic statement today. Man's will, we know, has power to cooperate with God's will, and to effect results which would not be effected were either facter cancelled. The fundamentatl dogma of modern psychology is the unity of mind and body. It is almost impossible to exaggerate the significance of this fact.[1]

One of the most remarkable tendencies in modern thought is that toward the forces at work in the unseen world, whether psychic or spiritual. Mind affects mind, and mind affects matter. The quickened circulation of the blood, its determination to some particular organ, rise in temperature, increased sensitiveness to pain, loss of appetite, impaired digestion,

[1] The great Italian physician, Moso, demonstrated the intimate connection between thought and the circulation of the blood in the brain. He so nicely balanced a man stretched upon a table that concentrated thought upon the part of the man, or even a noise made when he slept, would so affect the sensorium tnat even tnat slight determination of blood to the brain would cause the end of the table upon which his head rested to respond and become slightly depressed.

or, on the other hand, the beneficent results of confidence in a remedy, or in the doctor or nurse, or the prayers of a trusted friend, are too familiar to gainsay.[1]

Professor James says, "As regards prayers for the sick, if any medical fact can be considered to stand firm, it is that in certain environment prayer may contribute to recovery and should be encouraged as a therapeutic measure. Under the influence of prayer wonderful recoveries have taken place; whereas it is well known that when men become demoralized and lose faith and hope and the will to live, they frequently die from the slightest causes. Perhaps the most remarkable example of the power of prayer in sickness is that of Luther and Melanchthon. Prayer, as is well known, rescued Melanchthon from the jaws of death."[2] And yet there is a lurking infidelity in many quarters in regard to the efficacy of prayer. "Anything which helps us to recover our faith in prayer," says Richard Roberts, "will add enormously to the possibilities of life."

How refreshing, after Huxley's agnosticism, is the experience of such a man as Kenneth Mackenzie, whose medical qualifications were the best England could offer, whose surgical skill no one doubted, and whose religious life was such as to convince the Chinese that he lived what he professed and that his word was absolutely dependable. "After doing all I could for him," he writes, "I imitated the men who brought the case of palsy to our Lord to be healed, and laid this man's case before Jesus. He heard my prayers, and the prayers of dear Millie, and the next morning there was a great improvement in the man, since which time he has been daily getting better."[3]

[1] Memorials of Harold A. Schofield, by his brother.
[2] Quoted by Worcester, "Religion and Medicine," p. 309.
[3] Mrs. M. I. Bryson, "John Kenneth Mackenzie," p. 190.

During the development of the medical work at Tientsin, the question was raised as to what would happen were the Viceroy Li to die or leave the city. Humanly speaking, everything depended, at that time, upon his favor and patronage. Mackenzie replied, "Such contingencies do not trouble me, as I believe it is God's work, not ours. We are not trusting in the princes of this world, but in the help of the King of Kings who has already started this work, and He will not forsake it, I am sure. We only want to use more our privilege of prayer through faith in Jesus. It is marvelous to think that God promises to hear and answer prayer when in the name of Jesus. Especially is this manifest when we are in felt need."

Working with God was the secret of Harold Schofield's reserve of power. He had a mighty faith in prayer. In the "memorials" prepared by his brother we find the observation: "Always before commencing a serious operation he would offer a few words of prayer with equal sincerity and simplicity. On one occasion the doctor was trying to reduce an old case of hip dislocation. After several attempts it seemed impossible to succeed, but during a pause the doctor offered a few words of prayer, and shortly afterwards was successful in restoring the hip to its normal position. This will show the spirit in which he did his work. He was a 'worker together with God.'" This calls to mind the habit of William E. Gladstone, the great Commoner and the great Christian. It was his custom when in the midst of a debate in Parliament, or the delivery of a speech upon some important question, to pause for a moment, and lift up his heart in prayer for divine help. It may not have been noticed by the members of Parliament, but God saw, help came, and the effect at times was overwhelming.

Schofield made constant intercession that God would place the needs of the mission fields of the world upon the hearts of university and college students. "These prayers were answered," writes his brother, "in the going out of the well-known Cambridge Band, in the influence of the addresses of Messrs. Stanley Smith and C. T. Studd upon scores of young men of the British Universities, and in 'the formation and growth of the Student Volunteer Movement.'" It was in the remote interior of the Shansi province, where he was the first medical missionary, that those days of intercession were observed. His time of service was short, but he lived much even if he did not live long. Dr. J. Hudson Taylor, in commenting on it all, said: "I have sometimes thought that in those prayers the greatest work of Harold Schofield was accomplished, and that having finished the work that God had given him to do, he was then called to his eternal reward. Who yet will follow him as he followed Christ?"[1]

Dr. John R. Mott in "The Decisive Hour of Missions" has well said, "Every grave crisis in the expansion of Christianity which has been successfully met, has been met by the faithfulness of Christ's disciples in the secret place. That there is a necessary connection between the prayers of Christians on the one hand, and the revealing of Christ's plans, the raising up of workers, and the releasing of the great spiritual forces of the Kingdom, on the other hand, is a fact as clearly established as any fact can be established. That God has conditioned so largely the extension, the progress and the fruitfulness of His Kingdom upon the faithfulness and loyalty of His children in prayer is at the same time one of the deepest mysteries and one of the most wonderful realties."

[1] See Memorials of Harold A. Schofield.

To the great missionaries we have named and to a host of others, missionary doctors included, prayer has meant more than interceding for the energies of the living God to be applied in human affairs. It has meant and it always means "practising the presence of God." "The great secret of all living," says Dr. Henry Churchill King, "is the persistent staying in the presence of the best — the great facts, the great truths, the great personalities, the one great Person, Christ." Is it not the daily, expectant, passionate interest in not only the best, but in the highest personality ever revealed to man that determines, ultimately, our significance and efficiency in life? It is this relationship between the Great Physician and His follower that deepens and enriches all the processes of life.

God had his opportunity through Harold Schofield. He had it because of the growing intimacy between them. We say it reverently, that "when God and man meet in intimacy one never knows what may happen." Over and over again we turn to his journal.[1] It is as wine poured forth — a libation upon the altar of service and sacrifice. We read entries like these:

Lord Jesus, make Thyself to me a living, bright reality. Above all, His cross and risen life; that I may really enter into the glorious gospel.

Lord, increase my faith, that I may realize more each day that I am redeemed at an infinite price, and belong not to myself, but only to Thee, and that I may reckon myself to be "dead unto sin" and alive only to Thee!

Enable me to press onward every hour and every day, and be satisfied with nothing short of constant abiding communion with Thee and practically living Christ.

Make me real. Make me like one who waits for his Lord. Give me to meditate constantly on Thy Word. Do make Thy Word continually the food of my soul! Give me a constant desire at least to do Thy will.

[1] Schofield's Journal.

"Our Lord, it seems to me," writes Kenneth Mackenzie, "would have us learn that exactly the same sort of relationship which existed between the Man Christ Jesus and the Father in Heaven, is open to us. He was ever depending upon the help of the Father, was ever seeking to obey the Father, and was in the closest communion with the Father. We can only live as fruitful branches when we are in vital contact with the Vine. . . . This spiritual food can only be obtained direct from Jesus. I fall into temptation when I get up late in the morning and lose my communion with God over His Word. Nothing, no united service, or even family prayers, can take the place of this."

IV. The Power of the Spirit of God

When the Holy Spirit becomes the Pioneer and Administrator of such a missionary movement as that set forth in the Acts of the Apostles, He takes personal charge, searches for men, finds them, separates them for the task, endues them with power, and sends them out with might to carry forward the divine order of expansion. It was so in the case of Luke, the beloved physician; Livingstone, the explorer; Post, the healer; and Kerr, the surgeon. Sir William Ramsey argues that it was Luke that appeared to the Apostle Paul in his vision at Troas. These men who have been mentioned, and a host of others, have been instruments of power in the hands of God because they had the Spirit of Power.

The Holy Spirit, in the days of the Apostolic Church, outlined the missionary program. He has continued to give direction to it and put meaning into it. He seeks to express Himself through men, times, events, brings men together through wonderful providences, administers the Kingdom and carries forward

the divine purpose. The meeting of Stanley and Livingstone on Lake Tanganyike; the call for a missionary physician for Lady Li in Tientsin at the very time that Mackenzie and his little group were praying for an opportunity to reach the Viceroy; the going of Dr. H. N. Allen from Shanghai to Seoul in time to heal Prince Nin and thus open Korea to the gospel, were surely events which occurred under the leadership of the Holy Spirit.

The message may be inscribed on parchment by the medical missionary, as in the case of Luke, or in lines of light and love upon the sensitized hearts of men, but the messenger must be preceded and reenforced by the Holy Spirit — the Promise of the Father — whose function it is to quicken the conscience, fasten conviction, and create a sense of personal responsibility to Jesus Christ. Bishop Warne gives this remarkable testimony: "After twenty years of personal experience and close observation, I can testify that, apart from the direct work of the Holy Spirit in convicting non-Christians of sin, I have never known the conversion of an individual to the real Christian life and experience. Among a pepole whose consciences are educated in the vagaries of the Vedantic philosophy of India, which leaves the individual without a consciousness of personal and moral responsibility, there is absolutely no hope except in the awakening to, or the creating of, a consciousness of sin and moral responsibility by the direct work of the Spirit of God. I have seen thousands of instances of awakening and transformation of character nothing short of the miraculous."[1]

The Rev. J. E. Adams, in writing from Korea, expresses the conviction of such medical missionaries

[1] Quoted by Mott, "The Decisive Hour of Missions," p. 205.

as Hepburn and Berry of Japan, Kerr and Jackson of China, Scudder and Pennell of India, when he says, "I have experienced, tested and proved the sufficiency of the Holy Spirit in the work of the conversion of men so constantly and with such invariable results, that any question on the subject has long ceased to exist. It has become one of the assumed working postulates of life. No man living in the conditions in which I have lived, even with the most rudimentary instincts of scientific observation, could arrive at any other conviction than that the gospel is the power of God."

The entire scheme of missionary work must be energized by the spirit of God. If a nation is confronted by the peril of becoming materialistic, so is a Church, and so is a missionary. The danger of reducing Christian work to a scientific formula and of instituting technique for the dynamic of spiritual life is very real. Nothing could be more timely than the note sounded by Bishop David H. Greer, in his opening address before a recent Convention of the Diocese of New York. He pointed to the danger of materialism in the Church, even in so beautiful a work as social service and its varied activities. He did not for a moment discount "the social uplift and the welfare of the people, the betterment and improvement of their material conditions; with better houses to live in, and more sanitary and helpful surroundings." He pronounced it a good and much-needed work, but that was not enough. We must go deeper. He went on to say:

> In order to make our social life, whether rich or poor, a new and changed life, with a new spirit in it, giving a new perspective, a new direction to it, giving an uplift—a "lift-up"—to it, something more is needed than a new and changed physical environment—something that will go more deeply

down into the life itself, to change and transform it with a spiritual transformation.

It should be the aim, the ultimate aim and purpose, of social service work to bring it into touch, into quickened touch, with those unseen realities, and to give to our social life not only a physical but a spiritual transformation, and so not merely to spread it out and over a larger and smoother flat physical surface, but to put into it more and more of the lifting power, more of the spiritual power of Jesus Christ.

That is it. Only the "lifting power" of Christ can give genuineness and permanence to social srevice or any work for human redemption. St. Paul's, in London, is no more a monument to Sir Christopher Wren, the architect, than the mission hospital in Urumia is a memorial to the life of one who for a quarter of a century was a builder of the body — the cathedral of the soul and of God. More arduous, more tactful, more constructive and more enduring are the labors of such a life than those of the architect. The one builds of stone and steel that are not proof against the gnawing tooth of time; the other with materials that will abide because wrought into character which will survive the corroding acids of a sin-cursed world.

The Master of All Missionaries

Since the days of the Great Apostle to the Gentiles men have been seeking to answer the question, What is the supreme and final need of our age? The answer is simple and yet all comprehensive. It is Jesus Christ, the Son of the living God, who is the supreme and final answer to the need or ours or any age. All faith must be centered in Him, all work related to His work, and all life vitalized by His life. Our Christ is imperial in personality, in faith, in authority and in power. An imperial Christ must be represented by an imperial gospel which lays its claims upon every

man, upon all that is in man and upon all mankind His plan of redemption is world-wide in its conception, terms of grace, inspiration to man's faith, and application to man's deepest and most urgent need. His is a royal decree which commands the entire membership of His Church and places obligation upon them to teach all nations, to heal the sick, and to be His faithful witnesses even to the laying down of life itself.

In the Christian civilization which we would build, it is Jesus Christ who must be made preeminent. It is not science which must have the supreme place, nor philosophy, nor ethics, nor even morality, but Christ. There is no civilization worth speaking of without Christianity, and there is no Christianity without the living Christ — the central figure, the creative force, the driving power and organizing personality of the physical and spiritual universe. Christianity without Christ is spurious, fraudulent and bankrupt in morals. Christianity which centers its faith and loyalty in Jesus Christ tends constantly to renew its youth and its strength. This is not by virtue of its inherent power, for it has none of itself, but it is by a return to the divine source of its life. Therein lies its permanency, its vitality, and its ultimate hope of conquering the world. No missionary can permanently maintain his faith, or carry on his work, without a constant and prayerful personal relationship to Him who is the soul of Christianity.

"His was a pure life of consecration to the highest ideals, and an absolutely unselfish devotion to duty," was the comment upon the life of Dr. J. P. Cochran by one who knew him well. "Here was a man who had put aside the alluring ambitions of a most promising professional career, and was living day by day, and every day, the Christ-life amid the perils and privations of fanatical, heathen Persia. Nothing but

the teaching and example of Christ can explain such a life; and he had more of His spirit than any man I have ever known." It was the surrender of a brilliant career in the United States for a life of constant toil and imminent peril in a distant field; but there was neither hesitation nor mental reservation. He was not conscious of it, but it was that dedication of manhood, of professional skill and of a great soul to a Cause, which is always significant of true greatness and opens the way for God to do a mighty work. It was the devotion of his life to Jesus Christ. It was such a surrender as that made by the Apostle when, in undertaking the conquest of the Roman empire, he desired that " in nothing I shall be put to shame, but that with all boldness, as always, so now also *Christ* shall be magnified in my body, whether by life or by death. . . . For me *to live is Christ* and to die is gain."

Devotion to Jesus Christ has ever been the striking characteristic not only of the great missionaries but of the leaders of the national Church in all mission lands. Dr Isaac T. Headland in " China's New Day " gives an illustration of heroic devotion to Christ on the part of a Chinese Christian physician, one of many such that are being produced in China through the Christian home, Christian education and medical missions. To have produced one man like Wang is worth the investment of any man's life.

" One of the first graduates from the school of medicine in Peking University was Dr. Wang. When the Boxer trouble reached Peking he was arrested, his little son with him. The Boxers were ordered to put to death any one who would not give up his faith and burn incense to the Gods in the temple. But educated men were few in China, and so they said to him :—

'Dr. Wang, you are an educated man; we do not want to put you to death, but we have no liberty in the matter. You go with us and burn some incense and we will let you go.'

'No,' said he, 'I will not burn incense.'

'Well, we want to make it easy for you,' they continued, 'you just get some one to go and burn incense in your place and it will be all right.'

'No, I will not get any one to burn incense for me,' he persisted.

'Well, we will get some one to burn incense for you,' they continued. 'You just go over to the temple with us.'

'No,' he answered, 'I will not do that.'

'Then,' they continued, 'we must kill you.'

'You may kill me' he answered, 'but I will not worship your gods. How could I look my teachers in the face, if I burned incense in the temple, to say nothing of my Christ? We are four generations of Christions, my grandfather, my father, myself and this little boy. Do you think I would allow this child to see his father deny his Saviour? Kill me if you will, but I will not deny my Lord.' They ran him through with a spear."

After all that has been said in these pages about the missionary himself, his call, his motive, his task, his field of labor and the power without which he cannot perform his task, does the subject not carry us back to the one great Master Workman? He is the personal dynamic—the inspiration of it all. "Ye did not choose me, but I chose you, and appointed you, that ye should go and bear fruit, and that your fruit should abide; that whatsoever ye shall ask of the Father in my name, He may give it you."

In commenting upon the intercessory prayer of Jesus, the author of "Rational Living" points out the two major requests, the first for the divine association, the second for a God-given work. The followers of Jesus were to be kept in the Father's name, in the divine association; and sent into the world, as Jesus was sent into the world, on a divine mission. "No life can fail in charcter, in influence or in happiness," says the author, "for whom these two requests are granted. To find the Great Companion, and the work He gives—this is the sum of all."[1] A God-given work and the Great Companion—in receiving the one we find the other. Is it not true? Ask Peter Parker who stands before China's frowning rock, the Gibraltar of heathenism; Loftis who lays down his life in the mountain passes of Tibet; Grenfell in his hospital ship on the icebound coast of Labrador; Post toiling under the fierce and fiery rays of the Syrian sun; Clara Swain who lifts the curtained door to the zenanas of India; and Dr. Howard who wins the confidence of China's leading Viceroy, and the women of his court. From every mission hospital, and from every mission field, comes the testimony to the presence and the fellowship of the Great Companion.

We cannot close this book more fittingly than in the words of the pioneer medical missionary to the unreached millions of Africa. He had found the Great Companion, and, in the finding, had discovered himself and his task. That Companion, too, was a missionary and a physician, and His task—to heal the open sore of the world.

In 1872, near the close of his life, just four days after Henry M. Stanley bade him farewell at Unyanyembe, Livingstone made this entry in his journal:

[1] H. C. King, Rational Living.

"19th March. Birthday.

"My Jesus, my King, my life, my All; I again dedicate my whole self to Thee. Accept me, and grant, O gracious Father, that ere this year is gone I may finish my task. In Jesus' name I ask it. Amen. So let it be.

David Livingstone."

APPENDICES

APPENDIX A

SOME IMPORTANT QUESTIONS ANSWERED

1. What constitutes the call to medical missionary work?
   The need.
   Ability to meet the need.
   Inadequate supply of physicians.
   Urgency of the task.
   No providential hindrances.
   The voice of the Church.
   The Divine command—Heal the sick.

2. What are the qualifications of a candidate?

Physical	Robust health Wiry constitution Good digestion Ability to sleep
Mental	A trained mind Good memory Capacity for language Ability to impart Alertness
Spiritual	Strong faith in God Love of men Hopefulness Prayerfulness Sympathy
Traits of Character	Patience Absence of worry Thoroughness Enthusiasm Sense of humor Resourcefulness

3. To whom does the candidate make application for acceptance?

   Application should me made through the Candidate Secretary of the Board of Missions of the denomination of which the candidate is a member. He will give information concerning necessary preparation. Write also to the Candidate Secretary of the Student Volunteer Movement, 25 Madison Ave., New York City, regarding the specific needs of the various Boards.

4. What is the age limit?

   Candidates over thirty-five are rarely accepted for any field on account of difficulty in acquiring a new language (especially those of the Far East) and of adjustment to climate and people. Missionaries are not sent out under twenty-five, as a rule.

5. Who decides upon the field?

   The Secretaries and Executive Committee of the Board. Preferences are considered, but the special qualifications of the candidate and exigencies of the work are the deciding factors.

6. What term of service is required?

   A life term. The great missionaries have been those who gave themselves without reservation for life. Special short term agreements may be entered into for special reasons. The first period of service varies with the Board and the field. It may be from three to seven years.

7. Should the medical missionary go out single or married?

   For pioneer fields it is best to send out single men for short terms. The reasons for this are obvious. Otherwise, most Boards prefer to send out married men.

8. What are the climatic conditions to be considered?

   Effect of altitude, as in Mexico, Peru, Bolivia, and Tibet; tropical sea levels, damp and hot, as on the northeast coast of Brazil, and the East and West coasts of Africa; the enervating climate of southern India, the Straits Settlements and central and southeastern China.

9. What directions are given concerning language study?

   No foreign language is easily mastered, though Spanish and Portuguese in South America, and many of the

tribal languages of Central Africa, are the most readily acquired. The mastery of Japanese, Chinese, Arabic and the vernaculars of India, however, require diligent and protracted study.

10. Who makes the financial arrangements and what are they?

The provision is made by the Boards. It is simply a sum sufficient to meet the necessities of life abroad, varying as to field, years of service, size of family, and special demands. A house free of rent is usually furnished, and expense of travel to and from the field. The Secretary or Treasurer of each Board will furnish details.

11. Does the Board provide the medical and surgical outfit?

As a rule it does, by special appropriation before the missionary leaves, or it turns over an outfit to him on reaching the field. He should have a minor operating case of his own.

12. What books should the medical missionary take?

Those that he would most need at home, with the addition of a few special medical books treating of the diseases peculiar to his field. He can best build up his library by adding to it from time to time as the needs of his work demand. He should take at least one medical and surgical journal, and include a few choice books of a general character. A compact encyclopedia is invaluable.

13. Can research work be done on the field?

The mission fields are rich in material, and every medical missionary should be supplied with microscope, apparatus and reagents for original investigation as well as diagnosis.

14. What is the relation of the doctor to the mission?

His relation to the mission is that of a regular missionary, sympathetic with all its problems, ready to bear his share of responsibilities and to contribute of faith and prayer to the cause which inspires all alike.

15. What is the relation of the doctor to the natives?

That of a brother in sympathy and of a father in counsel. He more than any other may be looked to for aid in times of suffering and distress. This consti-

tutes his golden opportunity to minister to body, mind and soul.

16. What provision is made for yearly rest intervals and for furloughs?

Arrangements are made by the Board for a rest of several weeks during each summer. The furlough home at the end of from three to ten years varies from six or eight months to a year and a half.

17. How can the furlough be utilized to the best advantage?

By planning at the outset so to divide the time as to secure a maximum of rest, study and opportunity to reach the medical and lay constituency which should be interested in his particular field. A course in Bible study at some high-grade Bible Training School would give spiritual refreshment and qualify for dealing with the spiritual needs of men and women.

APPENDIX B

WORLD STATISTICS OF MEDICAL MISSIONS

The following statistical tables are adapted from the "World Statistics of Christian Missions", 1916:

Medical:	
Foreign physicians—men	743
Foreign physicians—women	309
Foreign nurses	537
Native physicians	230
Trained assistants—men	968
Trained assistants—women	1,138
Dispensary treatments	8,833,759
Dispensaries	1,234
Individuals treated in dispensaries and hospitals	3,107,755
Hospitals	703
Beds	17,364
In-patients	253,633
Major operations	36,044
Fees received	$446,164
Philanthropic:	
Orphanages:	
Institutions	245
Inmates	9,736
Leper homes:	
Institutions	39
Inmates	1,880

SUMMARIES OF PROTESTANT

AREAS		STAFF					
		Foreign Physicians—Men	Foreign Physicians—Women	Foreign Nurses	Native Physicians	Trained Assistants—Men	Trained Assistants—Women
		1	2	3	4	5	6
Grand Totals	1	**743**	**309**	**537**	**230**	**968**	**1 138**
Japan (including Formosa)	2	11	1	5	26	24	68
Chosen (Korea)	3	31	5	5	12	15	6
China	4	328	92	127	102	362	327
Siam and French Indo-China	5	13	—	—	—	—	—
British Malaysia	6	1	1	1	—	—	—
India	7	122	159	108	51	289	461
Ceylon	8	1	2	2	—	—	4
Persia	9	13	6	7	1	24	25
Turkish Empire (excepting Syria)	10	27	10	37	7	36	36
Syria (including Palestine)	11	25	4	62	11	12	19
Dutch East Indies	12	8	2	17	3	51	91
Philippine Islands	13	14	2	1	9	13	65
Australia (Aborigines and Chinese)	14	—	—	1	—	—	1
Melanesia (excepting Dutch New Guinea)	15	10	—	7	—	9	1
Micronesia	16	—	—	—	—	—	—
Polynesia (excepting Hawaiian Islands)	17	—	—	—	—	—	—
North-east Africa (Egypt to Somaliland)	18	17	2	53	6	46	1
North-west Africa (Tripoli to Morocco)	19	5	1	2	—	—	—
Western Africa (Senegal to Nigeria)	20	19	3	12	—	8	1
South-west Africa (Kamerun to German South-west Africa)	21	26	5	25	—	12	1
South Africa (British Union with Basutoland and Swaziland)	22	6	2	8	—	10	10
Southern Central Africa (Five British Protectorates)	23	15	—	11	—	15	3
East Africa (British, German, Portuguese)	24	19	1	28	—	38	10
Madagascar and Mauritius	25	2	—	2	1	2	4
Argentine Republic	26	2	—	—	—	—	—
Chile	27	3	—	2	—	—	—
Uruguay	28	—	—	—	—	—	—
Paraguay	29	—	—	—	—	—	—
Brazil	30	—	—	3	—	—	—
Bolivia	31	2	—	3	—	—	—
Peru	32	—	—	—	—	—	—
Central America and Panama	33	3	1	—	—	—	—
Mexico	34	5	4	—	—	—	2
Lesser Antilles	35	—	—	—	—	—	—
Porto Rico	36	3	3	—	—	—	—
Haiti and Santo Domingo	37	1	1	—	—	—	—
Jamaica	38	—	—	—	—	—	—
United States, including Alaska (Indians and Eskimos)	39	10	2	8	1	2	2
United States, excepting Hawaiian Islands (Asiatic Immigrants)	40	1	—	—	—	—	—
Hawaiian Islands (Hawaiians and Asiatic Immigrants)	41	—	—	—	—	—	—

a Since many Societies do not collect data under this head, this total is incomplete.
b North American Indians.

MEDICAL MISSIONS*

DISPENSARIES AND HOSPITALS

	7 Dispensary Treatments	8 Dispensaries	9 Individuals Treated in Dispensaries and Hospitals	10 Hospitals	11 Beds	12 In-Patients	13 Major Operations	14 Fees Received
1	a3 833 759	1 234	a3 107 755	703	a17 364	a253 633	a36 044	$a446 164
2	200 429	8	73 696	10	347	6 734	2 145	21 986
3	188 387	31	99 794	29	301	3 172	182	25 757
4	2 896 002	386	1 032 337	265	8 104	117 251	13 074	132 917
5	27 063	20	6 645	10	278	1 759	—	31 501
6	—	—	—	—	—	—	—	—
7	3 534 617	376	1 281 361	183	3 348	57 765	13 899	90 912
8	25 821	9	13 440	4	2	2 879	26	—
9	91 989	17	11 833	10	500	3 399	1 296	9 365
10	262 425	28	94 952	22	385	9 550	2 279	9 995
11	143 695	30	93 996	18	699	8 736	1 691	24 498
12	96 039	31	19 674	31	1 076	5 529	—	855
13	94 465	18	28 616	10	205	4 691	—	26 712
14	—	1	—	1	—	—	—	—
15	2 500	7	1 350	5	30	300	—	—
16	4 500	1	—	—	—	—	—	—
17	—	3	—	—	—	—	—	—
18	145 679	21	76 406	11	736	15 684	414	28 393
19	91 505	13	120	3	15	120	—	2 839
20	113 046	45	48 578	8	103	804	19	9 862
21	356 865	57	28 239	23	218	2 466	92	6 268
22	8 909	6	4 870	6	145	1 384	147	2 571
23	85 446	37	39 680	15	85	1 054	3	2 439
24	216 806	32	16 346	16	532	4 895	712	4 281
25	29 426	3	11 998	2	22	814	—	—
26	3 175	3	—	1	—	—	—	—
27	1 825	3	1 825	1	14	—	—	9 311
28	—	—	—	—	—	—	—	—
29	—	5	—	—	—	—	—	—
30	720	4	720	1	8	—	—	—
31	5 000	1	1 800	—	—	—	—	—
32	—	2	—	—	—	—	—	—
33	615	3	615	1	12	109	—	3 342
34	84 602	8	15 633	3	—	3 633	—	2 360
35	—	—	—	—	—	—	—	—
36	53 459	9	41 459	3	131	733	—	—
37	—	—	—	—	—	—	—	—
38	—	—	—	—	—	—	—	—
39	18 749	14	11 772	11	59	172	65	—
40	—	—	—	—	—	—	—	—
41	—	2	—	—	—	—	—	—

* Table taken from World Statistics of Christian Missions, 1916.

MEDICAL MISSIONS OF THE PROTESTANT MISSIONARY SOCIETIES OF CANADA AND THE UNITED STATES

The Foreign Missions Year Book of North America, 1919, reports that the Canadian Societies have in the non-Christian world 43 men and 25 women physicians, with 32 hospitals, 68 dispensaries and 512,888 treatments for the year.

The societies with headquarters in the United States are credited under the Latin American work with 20 men and 6 women physicians, having 15 hospitals, 25 dispensaries and 65,658 treatments. In the Non-Christian world they are credited with 360 men and 165 women physicians, with 285 hospitals, 542 dispensaries, having 3,452,098 treatments.

This gives a total for Canada and the United States of 423 men, 196 women physicians, with 332 hospitals, 635 dispensaries, having 4,030,644 treatments in a year.

NURSES' TRAINING SCHOOLS

According to the latest data available the Missionary Societies of Canada and of the United States conduct the following Nurses' Training Schools:

		Students	
	Schools	Men	Women
TOTALS.	32	152	388
Korea.	3	3	45
China.	19	133	180
Philippine Islands	4	6	93
India.	5	10	64
Mexico.	1	0	6

Note: In addition to these there are many Nurses' Training Classes which do not attempt to give full nurses' training.

APPENDIX C

FINDINGS OF THE MEDICAL CONFERENCE OF THE WORLD MISSIONARY CONFERENCE

(Edinburgh, 1910.)

The sectional meeting of medical delegates, medical missionaries and other medical practitioners interested in the medical aspects of missionary work, desire to represent to the

COMMISSION ON "THE HOME BASE OF MISSIONS"

(1) That there should be a definite Medical Department in connection with all foreign Missionary Societies; that this department should deal with all questions relating to the physical fitness and the preservation of the health of missionaries, their wives, and families; that it should be under the supervision of an honorary Medical Board, composed of medical missionaries and other medical practitioners, some of whom, at least, should have had foreign medical experience; and that there should be a medical officer, preferably salaried, who should deal with all such questions, under the general direction of the Medical Board.

It is further suggested that, in the case of the smaller Societies, there might possibly be one Medical Board and Medical Officer representing several Societies.

(2) Also, that there is urgent need for the collection and systematic recording by the Home Medical Base, or their medical representative, of such statistics as relate to the health of foreign missionaries, including causes of death or retirement.

That deductions obtained from these and other data will have an important bearing upon such problems as—

(1) The frequency and duration of furlough and holidays.

(2) The necessity for issuing or revising of health regulations from time to time.
(3) The insurance of lives of missionaries against sickness, breakdown, and death.
(4) The need for missionaries to receive elementary medical instruction as to preservation of their health abroad.

This latter statement is emphasized by the fact that, as a result of a recent investigation, under the aegis of the Association of Medical Officers of Missionary Societies, of the causes of death in missionaries who have died since 1890, over 60 per cent. were victims to the so-called preventable diseases, against which many safeguards may be taken.

Such information will also bring into prominence the chief diseases in various countries, and risks to health which missionaries have to face, and the best methods of combating such conditions.

The following Report is submitted because of the great importance of the information it contains and its possible value to Missionary Societies:

A REPORT

On the need of the Home Base (Medical Department) for the Systematic Collection and Record of Statistics, such as relate to the Health of Foreign Missionaries.

By G. Basil Price, M.D., M.R.C.P., D.P.H.,

Hon. Sec. Association of Medical Officers of Missionary Societies; Physician to the London Missionary Society.

Synopsis

1. The Need for the Collection and Systematic Recording by the Home Medical Base of such Statistics as relate to the health of Foreign Missionaries.
2. The Data of Greatest Value.
3. The Practical Application of such Information—
   (a) More Uniform Series of Regulations.
   (b) Furloughs.
   (c) Important Information to be brought into Prominence, particularly relating to Safeguards to Health.
4. Extract from Report on Causes of Death amongst Missionaries.

Conclusion.

It probably needs no argument to demonstrate the value of statistics in relation to any subject of investigation, and that the Commissions agree on such a statement is shown by the valued contributions on Mission Statistics by Dr. James S. Dennis, of New York, towards the work of Commission I.; but that statistics as relate to the health of foreign missionaries are urgently needed, has still to be generally acknowledged and systematically collected.

1. The Need for the Systematic Collection and Recording of Such Statistics as Relate to the Health of Foreign Missionaries

In reviewing the proceedings and work of the Association of Medical Officers of Missionary Societies during the last six years—that is to say, since its foundation—the fact emerges that with regard to many of the problems which intimately concern the physical welfare of foreign missionaries, judgment and decision had often to be suspended owing to the paucity of statistics obtainable, and the insufficiency and inadequacy of those collected.

This lack of material on which to base opinions was not due to want of effort in attempting to collect it, but was due to the fact that, with one exception, none of the large Missionary Societies had sufficiently organized Medical Departments, or had during their long and historic existence deemed the subject of the collection of vital statistics in relation to foreign missionaries of sufficient importance to even merit attention.

Though the broader views now held are gradually producing a change in regard to this subject, the members of the Association have still a heritage of ignorance to contend with on this subject, which is the foundation basis of the policies of Insurance Societies in relation to ordinary lives, and from which expectations of lives and all other details are deduced.

It is therefore incumbent to emphasize *the urgent need for the systematic collection of all facts and figures as relate to the health of foreign missionaries.*

It is here suggested that this duty is a necessary corollary of the work of the Home Medical Base, and should be initiated and carried out under the supervision of, or, in the case of smaller Societies, by the Medical Officers of those Societies.

Individual effort has, at times, been made towards this end, as in the case of Dr. Harry Guinness, whose statistics col-

lected nearly twenty years ago were of considerable service to Insurance Societies, when accepting the insurance proposals of missionaries, but such records have been due to private enterprise, and often remain inaccessible or unknown, and have not been due to a definite and considered policy of a Society's Medical Department.

The only recent attempt at generally collecting such records was made (1909-10) under the authorization of the Association of Medical Officers already referred to, and certain facts and figures of this Report will subsequently be quoted.

It is true one Society has collected concerning its missionaries a great deal of statistical material, but the statistics were not until lately co-ordinated under the aegis of one department, and the facts relating to the past, which are so important for the guidance of its medical advisers, are not easily accessible.

2. The Data That Are of Greatest Value

(a) To register with regard to every missionary—

(1) Age at death or retirement.

(2) Certified cause of death or retirement.

(3) Spheres of work and position held (medical, ordained, lay, pioneer, etc.).

(4) In cases of premature breakdown, retirement, or death, to state probable causes, whether preventable, or contracted from the nature of the location, work, or intercourse with natives.

(5) State the number of effective years of service abroad.

(6) Whether elementary medical instruction had been received on health and hygiene matters, and whether systematic measures were carried out for the preservation of health under unhealthy conditions of climate and country.

(b) By means of *Health Sheets*, to be returned annually or periodically on return home to ascertain—

(1) Sick leave required year by year.

(2) Incidence of disease (especially climatic disease), accident, or record of operation. Cause and character of illness.

(3) Annual holiday each year and whether utilized.

(c) To have collated the climatic, sanitary conditions of each mission station, character of water and food supply, and conditions of housing.

THE PRACTICAL APPLICATION OF SUCH INFORMATION

It may well be urged that the mere accumulation of such statistics, unless they are of practical utility, would result merely in wasted labor.

It must be remembered that the collection of corresponding data in other realms have formed the basis of enquiry for more than one Governmental Commission; equally important are such enquiries in relation to medical matters.

It is believed that with gradually accumulating reliable information as suggested, the following beneficial results would be gained:—

(a) The issue of a *more uniform series of regulations from all the Societies*, both as regards the standard of acceptance of missionary candidates and in dealing with missionaries.

(b) *Furloughs.*—The relation of furloughs to health would be established, and lead to more uniform regulations for various countries; in some cases, modifications in view of improving health conditions, progress of civilization and sanitation, quicker and cheaper travelling facilities, would lead to considerable economy on the part of Societies' expenditure.

In other countries shorter but more frequent furloughs might be necessary.

A useful comparison might be established with the furloughs of military and civil servants.

The necessity for an annual holiday and regular furloughs, and their relation to the preservation of good health, would be established.

(c) *The information would bring into prominence—*

(1) The chief diseases in various countries and risks to health which missionaries have to face, and against which they may to a large extent be safeguarded.

(2) The need for educating all missionaries as to the nature, mode of incidence and infection, and best methods of combating such diseases.

(3) The need in some cases and in certain countries for taking advantage of the more modern methods of preventive inoculation as a means of protection.

(4) The necessity for issuing from time to time health regulations as to preventive measures against disease and the best methods for preservation of health.

It is gratifying to state as an example of mutual cooperation and common service, a small handbook, *Health Regulations,* for missionaries, has been issued by the Association of Medical Officers of Missionary Societies, and has been adopted with slight modifications by several of the large English Missionary Societies for distribution to each of their missionaries, and is under consideration by others.

(5) A valuable addition to our knowledge as to what period of service abroad is most pregnant with risks to health, whether in the case of fresh missionaries a shorter first period of service would be advisable or not.

(6) The indirect benefit to both missionaries and their Societies, due to the undoubtedly more favorable terms which Insurance Societies would grant to missionary life proposals, at any rate for many fields of work; a further development might take place of Societies insuring their own missionaries against ill-health, premature retirement, breakdown or death.

4. Extract from Report on Causes of Death Amongst Missionaries—Conclusion

The following result obtained from an enquiry authorized by the Association of Medical Officers, already referred to, is of great value, indicating, as it does, the soundness of the contention of this paper:

A record of deaths from all causes in missionaries of nearly all the large Societies, and resident in all parts of the world where missionary activities are carried on, has been obtained. The record deals with such cases as have occurred since 1890 to 1908, and are therefore not complicated by circumstances and conditions of life abroad which now no longer exist.

The cause of death in 561 missionaries (men and women) are stated; of these 349 died from diseases, now termed *preventable diseases*—namely those against which many safeguards to health and methods of prevention can be applied, with the saving of life as a result.

Malaria, Enteric (Typhoid), Cholera, Blackwater Fever, Dysentery, Tuberculosis. Typhus Fever, and Smallpox are by far the more important of these diseases in frequency of occurrence.

Of the missionaries who have died during the last eighteen years (1890-1908) over 60 per cent. have died of diseases against which there are many, and oftentimes adequate, safeguards to be adopted.

They died, most of them, ignorant of their foe and unenlightened as to how to preserve their own health.

Not only is this a wastage of life which can and surely must be checked, but, on the lowest grounds, it is a waste of capital expenditure.

This statement represents but one of many interesting facts to be deduced from a study of such statistics, and it is not too much to hope that this branch of the Home Department will be more emphasized, organized, and studied in the future, so that lines of policy may be established on surer and firmer foundations than in the past.[1]

1 World Missionary Conference—1910—Volume VI, The Home Base, pages 286 to 290.

APPENDIX D

IMPORTANT RECOMMENDATIONS FROM THE MISSION FIELD REGARDING MEDICAL WORK

RECOMMENDATIONS OF THE MEDICAL MISSIONARY ASSOCIATION OF CHINA

(Adopted at the triennial meeting of the Association. Peking, January 13 to 17, 1913.)

The Medical Missionary Association of China calls the attention of Dr. Mott, as representing the Continuation Committee, and also of Home Missionary Societies, to the following facts and suggestins:—

1. Medical Missions are not to be regarded as a temporary expedient for opening the way for, and extending the influence of the Gospel, but as an integral, co-ordinate and permanent part of the missionary work of the Christian Church, as was emphasized in the resolutions passed by the Shanghai Conference of 1907.

2. There are now in China over 500 medical missionaries. but there is a lack of common policy among the Missionary Societies in the utilization and distribution of these forces. The Association would, however, deprecate any independent decision on the part of the Missionary Societies as to policy in medical missionary work without consultation with this Association through its Executive.

3. A most important feature of the work of medical missions in China at the present juncture is the work of training Christian young men and women that they may take their place as thoroughly qualified medical missionaries to perpetuate the work we have begun, and to occupy positions of influence in the service of their country.

4. The Association therefore considers that the object of our presence here can now best be advanced by concentrating our energies largely on the important centres approved by the Association, and forming there efficient union medical col-

leges and specially equipped hospitals. And we would strongly recommend that all such colleges be affiliated and co-ordinated with other existing missionary educational institutions.

5. The Association reiterates its Resolution of 1907 as to the desirability of each hospital being in charge of two fully qualified medical missionaries, but considers that, owing to the present emergency, and the urgency for medical education, all except large or isolated hospitals should be put in charge of one foreign doctor, with, if possible, one or more fully qualified Chinese.

6. The Association recommends that much of the work done in the less important stations should, wherever practicable, be placed under the charge of qualified Chinese; that missionaries of ability and experience in certain instances should be called in from these stations to the teaching centres to take part in the work of the colleges and large hospitals; and that the staffing and thorough equipment of these centres should take precedence of the opening up of new medical work throughout the country.

7. A number of fully qualified men and women are scattered over large areas without proper hospitals or equipment, and this, in the opinion of the Association, is waste of effort and money, as no efficient medical missionary work can be done on these lines. We have arrived at a stage in China when all medical and surgical work done in the name of Christianity should be of the highest order, and we therefore recommend, in the interests of economy and efficiency, that wherever possible small and poorly equipped hospitals should unite to form thoroughly equipped institutions.

8. Recent movements in China have developed a natural desire on the part of the people to carry out their own educational reform, and this we must recognize, and make the foreign element in our work as little prominent as possible by having our Colleges gradually and increasingly staffed and supported by the Chinese themselves.

9. The Association considers that the minimum staff for efficient work in a medical college should be ten men on the field giving full time. This means, when furloughs, language study, etc., are taken into account, a total staff of at least fifteen fully qualified teachers, foreign or Chinese.

10. The Association recommends that sufficient lecture room and laboratory accommodation should be provided, and as liberal an equipment as possible in microscopes, models, patho-

logical specimens, etc., also that clinical opportunities to the extent of three beds to each student in the two final years be considered the minimum.

11. The Association strongly recommends that until the undermentioned union medical colleges are efficiently staffed and equipped no new medical colleges be started in China. The schools referred to, beginning with the North, are:— Moukden, Peking, Tsinanfu, Chengtu, Hankow, Nanking, Hangchow, Foochow and Canton.

12. In order to retain in medical missionary service the best graduates from our medical colleges we wish to point out that it will be necessary to give much larger salaries than have usually been given.

13. As medical books in Chinese are necessary in order to carry on the instruction in our colleges and to provide medical literature for graduates, the Association would urge on the Missionary Societies the need for arranging that suitable men should devote a large part of their time to the work of translating and preparing such books, and also the necessity for money grants for this purpose.

14. The Association is of opinion that the nursing in our hospitals can never be satisfactory until we have thoroughly trained nurses; that a foreign trained nurse should be associated with each large hospital wherever possible, and that this should be considered indispensable in those hospitals which are associated with the work of medical colleges.

15. The following resolution was passed by the Association:

Resolved, That we, the members of the China Medical Missionary Association, met in Conference, let it be known:—

(1) That in establishing medical colleges and hospitals our sole object is to bring the blessings of healing to the souls and bodies of the people of China, and to give a thorough training in medicine and surgery to young men and women of education and intelligence, enabling them as fully qualified doctors to be of the highest service to their country.

(2) That we have no desire to create permanently foreign institutions, and that our aim and hope is that these medical colleges will gradually and ultimately be staffed, financed and controlled by the Chinese themselves.

(3) That we are desirous of bringing our teaching work into line with the regulations of the Ministry of Edu-

cation, and in all ways to co-operate with and assist the Government of the Republic in medical education, so that a strong and thoroughly equipped medical profession may be established in this great land.

16. In conclusion, the members of the China Medical Missionary Association take advantage of this their first opportunity to express their profound disappointment that medical missions, which have been so largely blessed of God as a missionary agency, were ignored in the list of subjects for consideration at the Edinburgh Conference of 1910; and they strongly urge that medical missions be adequately represented in any future conference.

17. We recommend that two local representatives be appointed to bring forward these recommendations at the various centres where conferences with Dr. Mott are held. These members shall be chosen from those who have attended the Medical Missionary Conference at Peking. Also that a committee of five be appointed to represent the Peking Medical Conference at the General Conference with Dr. Mott at Shanghai; and that copies of these resolutions be sent to the Continuation Committee, and to all home Mission Boards and Committees and governing bodies on the field.

FINDINGS OF THE CONTINUATION COMMITTEE CONFERENCE, HELD IN KOREA (CHOSEN), MARCH 25-28, 1913.

"Medical work is an essential part of the Gospel.

"Every existing hospital should have two doctors, either Korean or foreign, on its staff, and due weight should be given to this consideration in entertaining proposals for opening new hospitals. Every hospital should have also at least one foreign nurse.

"All Missions should unite in giving adequate support to the Union Medical School at the Severence Hospital, both by setting doctors free for reasonable periods to take part in teaching and by devoting funds for its maintenance.

"Medical work in Korea will need considerable financial assistance from the home base countries for a long time to come. It is recommended that Mission Boards adopt the plan of having special medical funds.

"A sustained effort should be made to plant the Gospel in the Government Medical School and to maintain it there by

means of a branch of the student Young Men's Christian Association.

"Medical work by the Church of Christ in Korea will be necessary at least until in this land the spirit of all medical work whatsoever is the spirit of Christ."

FINDINGS OF THE CONTINUATION COMMITTEE CONFERENCE HELD IN INDIA, DECEMBER 18-21, 1912

1. "There is at present urgent need for a reconsideration on the part of many leaders at home of the true aims and scope of medical mission work, so that emphasis on its humanitarian aspect may not overshadow its value for direct evangelization.

2. "According to recent careful estimates at least 100,000,000 of the people of India are still beyond the reach of the simplest medical aid.

3. "That in every well-established mission hospital there should be an evangelistic missionary, Indian or European, who may assist the medical staff to utilize to the fullest extent the opportunities afforded by the work in the hospital.

"That every possible effort should be made to encourage the closest mutual cooperation of the evangelistic and medical forces in each mission area, both in hospitals and in district itinerating work.

4. "That medical missions are an integral and essential part of the message of Christ to this land and that in many cases such as in large rural tracts and unopened fields they represent the most effective evangelistic agency at present available.

"That for bringing the Gospel message into vital contact with large numbers of people of all classes who from age and other circumstances are unreached by educational work, for reaching women in their secluded homes, and for extensive evangelization in the villages, especially in connection with mass movements, it has been established by experience that there is no agency more powerful than that of medical missions.

5. "With a view to ministering to the multitudes of women in India who are as yet beyond the reach both of medical relief and spiritual help, this Conference would earnestly press upon the home church the need for strong reenforcements for women's medical missions.

6. "That the training of all Indian medical mission workers of whatever grade should include systematic spiritual instruc-

tion, every effort being made to arouse in them the true evangelistic spirit and later on to associate them closely with the medical missionary in the spiritual side of the work."

"This Conference views with the greatest concern the present falling off in offers for medical mission service, which renders largely inoperative the oft-repeated and vital principle that, both for efficiency and for the permanence of the work, it is essential that at each considerable hospital there should be stationed two medical missionaries and one trained nurse. The shortage of medical missionaries is at present so serious that many mission hospitals stand empty for long or short periods owing to the absence on furlough or from sickness of the doctors in charge, while numberless pressing opportunities for extensive evangelization are being lost.

"This Conference believes it to be necessary that the home authorities should enable all who are being prepared for medical mission work to acquire special training in ophthalmic and general surgery, and also in the treatment of diseases special to the tropics.

"The question of the isolation and efficient treatment of the numerous cases of tuberculosis among the younger generation of the Christian community (especially in mission schools and orphanages) is one which calls for earnest consideration on the part of responsible authorities in the field. In this connection the efforts now being made to establish tuberculosis sanitoria in various parts of India for the special treatment of members of the Indian Christian community deserve most grateful recognition. Such institutions, since they seek to benefit all classes of Indian Christians, have a strong claim upon the support of the various Missions."

APPENDIX E

CHRISTIAN HEALTH EDUCATION IN CHINA

By Dr. W. W. Peter, Secretary of the National Committee of the Young Men's Christian Association in China

Among many of the missionary leaders in China there has been a growing consciousness that the present situation in China presents a new opportunity, nation-wide in its scope and world-wide in its possible influence. The time seems ripe to engage with the Chinese in promoting health education.

Since 1916 there has been working in this field the Joint Council on Public Health Education, representing the China Medical Missionary Association, the Young Men's Christian Association and the National Medical Association, the latter organization being composed of western trained Chinese physicians who organized themselves in 1915. In 1919 the Christian Educational Association of China also voted to join the Joint Council.

The headquarters of the Council are in Shanghai. Dr. Wu Lien Teh, President of the National Medical Association, is Chairman; Dr. Robert C. Beebe, Executive Secretary of the China Medical Missionary Association, and Mr. David Yui, General Secretary of the National Committee of the Young Men's Christian Association, are the two other members of the Executive Committee. Drs. W. W. Peter and S. M. Woo are the Executive Secretaries.

Until 1919 the money for the work of the Council was provided by foreign and Chinese physicians in

China and by the Young Men's Christian Association.

On January 27, 1917, at the Bi-Annual Conference of the China Medical Missionary Association, the following resolution was passed:

"That the China Medical Mission resolves that the China Medical Missionary Association appeal to the missionary societies now at work in China to send out or allocate men of the necessary qualifications to undertake under the direction of the China Medical Missionary Association the leadership in a nation-wide campaign of public health education and to provide the financial support needed."

On January 17, 1918, at the 25th Annual Session of the Foreign Missions Conference of North America, the following action was taken:

"Resolved, that with respect to the resolution adopted by the China Medical Missionary Association, January 27, 1917, appealing to missionary societies to support a nation-wide campaign of public health education in China, the Foreign Missions Conference expresses deep interest in the proposed campaign and commends the movement to the sympathetic consideration of such Boards as may be approached."

Already a number of missionary societies have pledged their support to this work. A number are considering the proposal, but the following have already endorsed the work and pledged the following sums, annually for a period of three years:

Free Methodist	$ 100
Evangelical Associations	600
American Baptist (North)	1,000
Presbyterian (North)	1,000
Methodist (North)	1,000
Methodist (South, Woman's Council)	2,400
International Committee Y. M. C. A.	5,000

A beginning has been made in developing five methods of work in China.

In its headquarters at Shanghai the Council has

over 500 negatives on health subjects which are at the service of missionaries and others throughout the country. Lectures have been prepared with English and Chinese manuscript on such subjects as: Sanitation of the Chinese Cities; Flies Kill People; Plague; Infectious Diseases; Small-pox; and The Work of Health Education in China.

A demand for literature on health subjects has existed for a long time. Six and one-half tons of paper were used in printing 430,000 copies of a large anti-tuberculosis story calendar which was sold in every province in China and in some foreign countries. Several editions of a book prepared by Dr. F. J. Tooker, "Hygiene by Picture and Story", have already been exhausted. The Chinese Executive Secretary has given considerable new literature in this field to the doctors and teachers. Eighteen newspaper articles were prepared and used in different parts of the country.

Small portable health exhibits are in the process of preparation whereby medical missionaries or teachers will be enabled to hold small health campaigns in connection with their regular work.

A number of large health campaigns have been held. In Changsha thirty-six meetings were held in one week, attended by 30,000 people. Twenty thousand dollars was raised for land and buildings to erect a tuberculosis sanitarium. In Canton the number of vaccinations for small-pox was raised from the highest mark of 92 for one day to over 800 per day.

The question naturally arises, why should the Christian church engage in this work of health education? The million and a quarter dollars which the Christian church sends into China annually for medical work applies to up-keep and does not include capital investment, such as buildings and other new equipment.

While undoubtedly a great deal of disease prevention and health education are accomplished, most of these hospitals are primarily rescue stations placed at the bottom of an invisible cliff to heal the people from disease after they have fallen over. There are as yet no agencies in China adequately occupying the top of the cliff to warn the people and help them erect barriers to prevent the wastage of human life which has existed for so many years. Incidentally, the Christian church itself sustains a large annual loss from death in the Chinese membership of the church and the leaders among the Chinese men and women in whom the missionaries and home boards have placed great confidence. The records of the China Continuation Committee in Shanghai are full of names of men and women who died prematurely from some preventable disease.

It is during the initial stages of such a health movement that men and money from other countries are most needed. While there are other agencies of a more general nature such as the American Red Cross Society, the United States Public Health Service, the China Medical Board of the Rockefeller Foundation, and the International Health Board of the Rockefeller Foundation, which are interesting themselves in certain problems in China, it is the expression of the medical missionaries of China that the Christian church, through its Foreign Mission Boards, should engage in this work of health education. They prefaced their request by first subscribing $3,000 a year Mexican for two years in order to secure the first Chinese western trained leader, Dr. S. M. Woo. His work was so acceptable that he was re-engaged at the close of the two years.

The beginning has already been made to make this movement indigenous through Chinese leadership and

support. Chinese physicians contributed $3,000 a year for two years; also for the support of Dr. Woo. This is not only an example of co-operation between Chinese and foreigners, but between foreigners of different denominational relationships. By rendering this particular service the non-Christian people of the Orient will be enabled to see that the out-reach of Christianity includes a consideration of those social problems which relate to the life of the people. There is a very bright outlook indeed for this, one of the newest forms of missionary work in China.

APPENDIX F

MEDICAL MISSIONARY SOCIETIES

On the mission fields are the following Medical Missionary Societies:

THE CHINA MEDICAL MISSIONARY ASSOCIATION

Executive Secretary: Robert C. Beebe, M.D., 5 Quinsan Gardens, Shanghai.

THE NURSES' ASSOCIATION OF CHINA

General Secretary: Miss L. A. Batty, 5 Quinsan Gardens, Shanghai.

MEDICAL MISSIONARY ASSOCIATION OF INDIA

Secretary: A. Lankester, M.D., Hyderabad, Deccan.

Missionary nurses are members of this Medical Missionary Association.

APPENDIX G

LEGAL REGULATIONS REGARDING THE PRACTICE OF MEDICINE IN VARIOUS MISSION LANDS

These regulations are abstracted from "Laws regulating the Practice of Medicine in the United States and Elsewhere." July 15th, 1919, published by the American Medical Association.

In many instances the restrictions will seem almost prohibitive for our American physicians, but practical adjustments with government officials can usually be made that will allow sufficient freedom in his practice to one who is engaged in missionary work. The laws apply primarily to one engaged in practice as a means of livelihood.

AFRICA

East and West Coasts

No regulations. Government's efforts exerted toward stopping witch doctors and native medicine men.

South Africa—Cape Colony

Medical practice under the control of the Colonial Medical Council.

Admission to register is given on a diploma of 5 years' study.

Foreign diplomas not honored unless equal rights are given in such countries to holders of British Registrable Degree.

(A) Madagascar, (B) Natal, (C) Rhodesia, (D) Transvalia, and (E) Orange River Colony are governed by the same rules.

CEYLON

Registration is required to practise and any one not so qualified who proposes to practise or hold himself as ready to treat patients is liable to prosecution.

Register is in charge of the Ceylon Medical College.

No foreign degrees of qualification are acceptable unless the foreign state or country recognizes the certificate of Ceylon.

CHINA

No legal restrictions or regulations govern the practise of medicine in China.

FIJI ISLANDS

Now provides medical education for natives.

Medical practise now controlled by government and registration is required. Any one entitled to practise in the United Kingdom or British Colonies may claim admission.

INDIA

A foreign physician to obtain a license must pass examinations. He must have graduated from a medical college recognized by the General Medical Council. The government welcomes the work of American Medical Missionaries.

JAPAN

Foreign physicians must secure license from Minister of the Interior.

Examination in Japanese.

Four years of medical study required.

Physician required to keep all records of all patients for ten years.

LATIN AMERICA

Argentine Republic

Physicians from foreign countries required to pass full series of examinations.

Examinations in the Spanish language.

Diplomas from colleges in the United States must be legalized by the Department of State in Washington, D. C., and must be vised by the Argentine Minister.

Examinations held March, July, December.

Bahama Islands

Registration is required and penalties are provided for practicing without first being registered.

No examination is required where applicant presents satisfactory credentials of graduation from a medical school legally incorporated in the country wherein it is located.

Other physicians may be registered as "Unqualified practitioners," but a list of such is posted annually in the official Gazette.

Bermuda

Registration after an examination is required of all applicants before the right to practise is conferred.

Bolivia

Foreign candidates take examinations in Spanish.

Same license registers him in the following states. (a) Argentine, (b) Peru, (c) Paraguay, (d) Ecuador, (e) Colombia, (f) Chile.

Brazil

Unless foreign physician has been a professor in a University Medical School or is the author of an important medical book, requirements to practise are almost prohibitive.

Must undergo examinations in Portuguese in all branches of medical corriculum.

British Guiana

Has a thorough medical organization.

Only medical men who are already registered in the United Kingdom are admitted to the register.

Costa Rica

Foreign physician must be a graduate of an allopathic college.

Must deposit a certain sum of money.

Must take an examination in Spanish.

Preliminary education required is that demanded for a reputable medical school in the United States.

Cuba

Foreign physician must present his degree to the Department in charge of Public Industries.

Degree must be registered by the University of Havana.

Must take an examination in Spanish. Thesis also required.

Dominican Republic and Guatemala

The foreign physician must apply to the Superior Medical Council for permission to practise.

Examination in Spanish must be taken.

Haiti and Honduras

Six-year course required.

Examination.

Mexico

Examinations required. Must submit a thesis.

Nicaragua

No examination required for foreign doctor.

Diploma presented must have signatures acknowledged before notary, and certified by secretary of state, this must be certified by the diplomatic officer in the United States.

Panama and San Salvador

Registration to practise medicine under the control of the National Board of Health.

Examination required. Also assigned thesis.

Porto Rico

For foreign physicians the Board of Medical Examiners issues a certificate of registration to one having received a diploma from a college.

Must pass the examination given, either oral or written, in English or in Spanish. There are three forms of certificates given: (a) Doctor of Medicine, (b) Licentiate of Medicine, (c) Midwife.

Venezuela

Foreigners must present diploma, and have license to practise medicine in one of the states of the United States, or from the city from which he comes.

Take final examinations in Portuguese.

Yucatan

Foreign physicians must present a diploma from a recognized medical school and pass an examination of the Board of Medical Examiners at Merida.

Examination oral, given in Spanish or through an interpreter.

Applicant required to diagnose and prescribe for a certain number of patients in a hospital.

PHILIPPINE ISLANDS

For foreign physicians the Board of Medical Examiners issues a certificate of registration to one having received a diploma from a college.

Must pass the examination given, either oral or written, in English or in Spanish. There are three forms of certificate given: (a) Doctor of Medicine, (b) Licentiate of Medicine, (c) Midwife.

SIAM

There are no legal restrictions to the practise of medicine.
Opportunities are not good for private practise.

TURKEY

Foreign physician must present diploma and license to practise in one of the states of the United States.
Documents must be legalized by the Turkish Consul in the United States.
Strict oral examination.

APPENDIX H

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1. "South Africa Medical Record," published monthly since 1903 in Cape Town, South Africa, by W. Darby-Hartley.
2. "Medical Journal of South Africa," published monthly in Johannesburg, Transvaal Colony, East Central Africa, price 1 pound, one shilling; annually.

CHINA:

3. "The China Medical Journal," a bi-monthly published by the China Medical Missionary Association, since 1887 in Shanghai, China, Dr. Robert C. Beebe, Manager. Price $5.00 Shanghai currency.
4. "The China Maritime Customs Medical Reports," published annually since 1877. Lately published in "The China Medical Journal."

INDIA:

5. "The India Journal of Medical Research," a monthly edited by the Director-General of the India Medical Service. Published in Calcutta, Bengal, India, since 1913. Per copy price is 2 rupees.
6. "The Indian Medical Gazette," published monthly in Calcutta, Bengal, India, since 1866. The price is 14 rupees a year, with 2 rupees extra for postage outside of India.
7. "The Indian Medical Record," published in Calcutta, Bengal, India, since 1890.
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9. "Medical Missions in India." The organ of the India Medical Missionary Association. Editor is Rev. J. M. MacPhail, M.D., Bamdah, India. Secretary, A. Lancaster, M.D., Hyderabad, Deccan, India.

PHILIPPINE ISLANDS:

10. "Philippine Journal of Science," Section B. This is a scientific journal with ten numbers annually, published in Manila since 1906. Section B is devoted to medical science. The other sections to natural sciences, etc.

JAPAN:

11. "Sei-i-kwai Medical Journal," published monthly in Tokyo, Japan, since 1882.

GENERAL:

12. "The Journal of Tropical Medicine and Hygiene," a bi-monthly published in London since 1898. Price 21 shillings a year.
13. "Annals of Tropical Medicine and Parasitology." This is issued by the Liverpool School of Tropical Medicine. Liverpool, England. Price 1 pound, 2 shillings, 6 pence per year.

MEXICO:

14. There are five current journals on medicine and allied subjects, published in this country, according to the index of the Surgeon General's office, but none of these is in English.

SOUTH AMERICA:

15. There are fifty-nine journals listed in the Surgeon General's index, published in various countries of South America. Many of these are not now current, and none is published in English.

TURKEY:

16. There is one current medical journal published in Constantinople, Turkey, in French.

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